

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90091 004 \*\*\*150.00

**DOCUMENT # 636633**

1. Entity Name  
**DIGESTIVE DISEASE ASSOCIATES OF NORTH FLORIDA, INC.**



Principal Place of Business  
**6400 W NEWBERRY ROAD SUITE 308  
GAINESVILLE, FL 32605**

Mailing Address  
**6400 W NEWBERRY ROAD SUITE 308  
GAINESVILLE, FL 32605**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03012006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1934417**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEERS, THOMAS R  
6400 W NEWBERRY ROAD SUITE 308  
GAINESVILLE, FL 32605**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LEIBACH, JOHN R.  
6400 W NEWBERRY ROAD SUITE 308  
GAINESVILLE, FL 32605** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MOLINA, ENRIQUE G., M.D.  
6400 W NEWBERRY RD, SUITE 308  
GAINESVILLE, FL 32605** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BEERS, THOMAS R  
6400 W NEWBERRY ROAD SUITE 308  
GAINESVILLE, FL 32605** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BURNS, THEODORE W.  
6400 W NEWBERRY ROAD SUITE 308  
GAINESVILLE, FL 32605** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MAICO, DANIEL G.  
6400 W NEWBERRY ROAD SUITE 308  
GAINESVILLE, FL 32605** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WASJMAN, RENATA  
6400 W NEWBERRY ROAD SUITE 308  
GAINESVILLE, FL 32605** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SNINSKY, CHARLES A  
6400 W NEWBERRY RD STE 308  
GAINESVILLE, FL 32605** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas R. Beers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-06 (352) 331-8902  
Date Daytime Phone #