2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State 04-25-2007 90192 045 ***150.00

352)331-8902

Daytme Phone #

DOCUMENT # 636633 1. Entity Name DIGESTIVE DISEASE ASSOCIATES OF NORTH FLORIDA, INC.							• • • • •	0,7901,72010	130.00	
Principal Place of Business 6400 W NEWBERRY ROAD SUITE 308 GAINESVILLE, FL 32605 Mailing Address 6400 W NEWBERRY ROAD SUITE GAINESVILLE, FL 32605				E 308			1230	171 G1G17 W1W14 B1871 J1871 J1W14	KINITERI IT FERT	
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt, #, etc. Sui			uite, Apt. #, etc.			2007	Chg-P	CR2E034 (12/0	5)	
City & State	3	City & State				Number -19344	117		Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Cert	ificate of	Status Desired	☐ \$8.75 A Fee Requ		
	6. Name and Address of Current	Registered Agent		<u> </u>	7. Nam	e and A	ddress of New I	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					
	named entity submits this statement for one of registered agent.	r the purpose of cha	inging its registere	ed office or	registered agent.	or both,	in the State of F	lorida. I am familiar wi	h, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and little if applicable.	(NOTE Registere	d Agent signatur	re required when reinsta	iting)		DATE		
The common to th						Be s	···········			
10.	OFFICERS AND	DIRECTORS	11.		ADDIT	IONS/C	ANGES TO OF	FICERS AND DIRECTO	DRS IN 11	
TITLE	D Delete ITIT		elete TITLE					Chang	e 🗋 Addition	
NAME STREET ADDRESS CITY+ST-ZIP				ET ADDRESS -ST-ZIP					!	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1				☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VD BURNS, THEODORE W. 6400 W NEWBERRY ROAD SU GAINESVILLE, FL 32605	TE 308	NAM STRE	1				(_) Chang	e 📋 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAICO, DANIEL G. 6400 W NEWBERRY ROAD SU GAINESVILLE, FL 32605	□ De	NAM STRE	1	D			Chang	e 🔲 Addition	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	D WASJMAN, RENATA 6400 W NEWBERRY ROAD SU GAINESVILLE, FL 32605	□ De	NAM STRE	1				☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNINSKY, CHARLES A 6400 W NEWBERRY RD STE 3 GAINESVILLE, FL 32605	□ De	NAM STRE		50			Chang	e 🗍 Addition	

12. I hereby certify that the information supplied with this filling 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 eath; 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 a maddress, with all other like empowered.

SIGNATURE: ¿

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THOMAS R. BEERS

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 636633 1. EMINUALINE DIGESTIVE DISEASE ASSOCIATES OF NORTH FLORIDA, INC.					ATTACHMENT					
Principal Place	of Business	Aailing Address			[
0.00 11 11211021011 110110 12111 1211		6400 W NEWBERRY ROAD SUITE 308 Gainesville, FL 32605		1	10081	23	0			
Principal Place of Business - No P.O. Box # 3. Mailing Add			g Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102007	Chg-P	CR2E0	34 (12/06	i)		
City & State		City & State			4. FEI Number 59-1934417				Applied For Vot Applicable	
Zip	Country	Zip Country		ry	5. Certificate	of Status Desired		\$8.75 A		
	6. Name and Address of Current Regi	stered Agent			7. Name and	Address of New				
BEERS, TH	OMAS P			Name						
6400 W NEV	WBERRY ROAD SUITE 308 LE, FL 32605	Street Address (P.O. Box Number is Not Acceptable)					
			L					- -		
				City			FL	Zip Co		
8. The above no the obligation	amed entity submits this statement for the ns of registered agent.	purpose of changing its r	registered	d office or registen	ed agent, or bo	h, in the State of FI	orida, lam la	emiliar will	n, and accept	
SIGNATURE	gnature, typed or printed name of registered agent and bits	if applicable. (NOTE:	Registered /	Agent signature required	when roinstating)		DATE			
	NOW!!! FEE IS \$150.00 1, 2007 Fee will be \$550.00	9. Election Campaig Trust Fund Contri	-	+ · ·	00 May Be ed to Fees			• • • •	:	
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 11	
	laice Cura a a h		TITLE NAME					Change	Addition	
STREET ADDRESS 6				ADDRESS					Ĭ	
	SAINESVILLE, FL 32605		CITY-S	T-ZIP						
	D Delete TTT. BHARDWAJ, GABU M.). 6400 W NEWBERRY ROAD SUITE 308 STRE			ł				☐ Change	Addition	
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NAME		☐ Delete i	TITLE NAME					Change	Addition	
STREET ADDRESS			STREET A	DORESS					İ	
CITY-ST-ZIP			CITY-ST-	1						
12. I hereby certily 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 his 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.										
SIGNATUF	SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR	DIRECTOR			Onte	Daytis	me Phone #		