
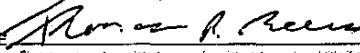
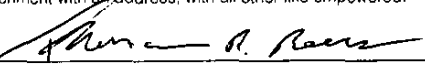


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90071 013 \*\*\*150.00

<b>DOCUMENT # 636633</b>					
<b>1. Entity Name</b> DIGESTIVE DISEASE ASSOCIATES OF NORTH FLORIDA, INC.					
<b>Principal Place of Business</b> 6400 W NEWBERRY ROAD SUITE 308 GAINESVILLE, FL 32605			<b>Mailing Address</b> 6400 W NEWBERRY ROAD SUITE 308 GAINESVILLE, FL 32605		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02262008    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 59-1934417				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BEERS, THOMAS R 6400 W NEWBERRY ROAD SUITE 308 GAINESVILLE, FL 32605			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MOLINA, ENRIQUE G MD 6400 W NEWBERRY ROAD SUITE 308 GAINESVILLE, FL 32605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BEERS, THOMAS R 6400 W NEWBERRY ROAD SUITE 308 GAINESVILLE, FL 32605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MAICO, DANIEL G. 6400 W NEWBERRY ROAD SUITE 308 GAINESVILLE, FL 32605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WASJMAN, RENATA 6400 W NEWBERRY ROAD SUITE 308 GAINESVILLE, FL 32605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete SNINSKY, CHARLES A 6400 W NEWBERRY RD STE 308 GAINESVILLE, FL 32605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROSS, SHEA O M.D. 6400 W. NEWBERRY RD. GAINESVILLE, FL 32605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BHARDWAJ, GAUR M.D. 6400 W. NEWBERRY RD. GAINESVILLE, FL 32605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
SIGNATURE:  Date:    Daytime Phone #:					