

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 636633

FILED
Apr 03, 2009
Secretary of State

Entity Name: DIGESTIVE DISEASE ASSOCIATES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

6400 W NEWBERRY ROAD SUITE 308
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6400 W NEWBERRY ROAD SUITE 308
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-1934417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOLINA, ENRIQUE G MD
Address: 6400 W NEWBERRY ROAD SUITE 308
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: BEERS, THOMAS R
Address: 6400 W NEWBERRY ROAD SUITE 308
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: MAICO, DANIEL G.,
Address: 6400 W NEWBERRY ROAD SUITE 308
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: WASJMAN, RENATA
Address: 6400 W NEWBERRY ROAD SUITE 308
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: SNINSKY, CHARLES A
Address: 6400 W NEWBERRY RD STE 308
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: ROSS, SHEA O MD
Address: 6400 W. NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT W. JOHNSON

ADMI

04/03/2009

Electronic Signature of Signing Officer or Director

Date