

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655156

FILED
Mar 29, 2008
Secretary of State

Entity Name: CENTER FOR DIGESTIVE DISEASES, P.A.

Current Principal Place of Business:

1609 PASADENA AVENUE SOUTH
SUITE 3M
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

1609 PASADENA AVENUE SOUTH
SUITE 3M
ST. PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 59-1969190 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHEINERT, SHELDON L DR
1609 PASADENA AVENUE SOUTH
SUITE 3M
ST. PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

SCHEINERT, SHELDON L
1609 PASADENA AVENUE SOUTH
SUITE 3M
ST. PETERSBURG, FL 33707 US

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: SHELDON L SCHEINERT 03/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SCHEINERT, SHELDON L M.D.
Address: 1609 PASADENA AVENUE SOUTH #3M
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VPS () Delete
Name: BONTEMPS, ERNST MD
Address: 1609 PASADENA AVE S 3M
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SCHEINERT, SHELDON L
Address: 1609 PASADENA AVENUE SOUTH #3M
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VSD (X) Change () Addition
Name: BONTEMPS, ERNST
Address: 1609 PASADENA AVE S 3M
City-St-Zip: SAINT PETERSBURG, FL 33707

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: SHELDON L SCHEINERT PRES 03/29/2008
Electronic Signature of Signing Officer or Director Date