

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90005 041 ***150.00

DOCUMENT # K26071

1. Entity Name
DIGESTIVE DISEASE CONSULTANTS, P.A.

Principal Place of Business 661 E. ALTAMONTE DRIVE SUITE 325 ALTAMONTE SPINGS FL 32701 US	Mailing Address 661 E. ALTAMONTE DRIVE SUITE 325 ALTAMONTE SPRINGS FL 32701-5103 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2894914	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent
LEBIODA, DAVID H. MD
4024 W DANBY CT
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEBIODA, DAVID H. MD 4024 W DANBY COURT WINTER SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STRAKER, RICHARD J. MD 2751 MARSH WREN CIRCLE LONGWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KATZ, BARRY R 3083 TOTIKA COVE LONGWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHEPHARD, HARRY MD 661 E ALTAMONTE DR SUITE 325 ALTAMONTE SPRINGS FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry Shephard* **SHEPHARD, HARRY MD** **01/24/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)