

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90040 028 \*\*\*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  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2894914**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEBIODA, DAVID H. MD  
 4024 W DANBY CT  
 WINTER SPRINGS FL 32708**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **LEBIODA, DAVID H. MD**  
 CITY-ST-ZIP **4024 W DANBY COURT**  
**WINTER SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **STRAKER, RICHARD J. MD**  
 CITY-ST-ZIP **2751 MARSH WREN CIRCLE**  
**LONGWOOD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **KATZ, BARRY R**  
 CITY-ST-ZIP **3083 TOTIKA COVE**  
**LONGWOOD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **SHEPHARD, HARRY MD**  
 CITY-ST-ZIP **661 E ALTAMONTE DR SUITE 325**  
**ALTAMONTE SPRINGS FL 32701**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Signature* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

407-830-8661

Date

Daytime Phone #

CR2E034 (9/01)