


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K26071</b> 1. Entity Name <b>DIGESTIVE DISEASE CONSULTANTS, P.A.</b>	
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Principal Place of Business <b>623 MAITLAND AVE., SUITE 201 ALTAMONTE SPINGS FL 32701 US</b>	Mailing Address <b>623 MAITLAND AVE., SUITE 201 ALTAMONTE SPINGS FL 32701 US</b>
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MOORE CR2E034 (11/03)

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

4. FEI Number <b>59-2894914</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	LEBIODA, DAVID H. MD
STREET ADDRESS	4024 W DANBY COURT
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	D <input type="checkbox"/> Delete
NAME	STRAKER, RICHARD J. MD
STREET ADDRESS	2751 MARSH WREN CIRCLE
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> Delete
NAME	KATZ, BARRY R
STREET ADDRESS	3083 TOTIKA COVE
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> Delete
NAME	SHEPHARD, HARRY MD
STREET ADDRESS	241 SADDLEWORTH CT
CITY-ST-ZIP	HEATHROW FL 32746
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. L. [Signature] Date: 4 FEB 04 Daytime Phone #: 407-830-8661