


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K26071</b> 1. Entity Name DIGESTIVE DISEASE CONSULTANTS, P.A.	
---	---

Principal Place of Business 623 MAITLAND AVE., SUITE 201 ALTAMONTE SPINGS, FL 32701 US	Mailing Address 623 MAITLAND AVE., SUITE 201 ALTAMONTE SPINGS, FL 32701 US
--	--

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-2894914	Applied For 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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when initiating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

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

1100000181203  
 01/14/05-90038-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:** David H. Lebioda 1/14/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #