


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90055 018 \*\*\*150.00

**DOCUMENT # K26071**

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



Principal Place of Business      Mailing Address

**623 MAITLAND AVE., SUITE 201**      **623 MAITLAND AVE., SUITE 201**  
**ALTAMONTE SPINGS, FL 32701 US**      **ALTAMONTE SPINGS, FL 32701 US**

**DO NOT WRITE IN THIS SPACE**



01032007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2894914**       Not Applicable

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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LEBIODA, DAVID H. MD
STREET ADDRESS	4024 W DANBY COURT
CITY-ST-ZIP	WINTER SPRINGS, FL
TITLE	D
NAME	STRAKER, RICHARD J. MD
STREET ADDRESS	2751 MARSH WREN CIRCLE
CITY-ST-ZIP	LONGWOOD, FL
TITLE	D
NAME	KATZ, BARRY R MD
STREET ADDRESS	1921 BANHURST PLACE <i>Banhurst Place</i>
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	SHEPHARD, HARRY MD
STREET ADDRESS	241 SADDLEWORTH PLACE
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	D
NAME	<i>Popli, Ravi K. MD</i>
STREET ADDRESS	<i>1102 Shadowmoss Circle</i>
CITY-ST-ZIP	<i>Lake Mary, FL 32746</i>
TITLE	D
NAME	<i>Reddy, Sanjay K MD</i>
STREET ADDRESS	<i>181 Nandina Place Terrace</i>
CITY-ST-ZIP	<i>Winter Springs, FL 32708</i>

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*      *1/18/07*      *407-830-8441*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #