

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # K26071

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**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2894914	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	MD
NAME	KATZ, BARRY R
STREET ADDRESS	1921 BENTHURST PLACE
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	POPLI, RAAJ K MD
STREET ADDRESS	1102 SHADOWMOSS CIRCLE
CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	REDDY, SANJAY K MD
STREET ADDRESS	181 NANDINA TERRACE
CITY - ST - ZIP	WINTER SPRINGS, FL 32708

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01/10/08-80029-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #