

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 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

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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	MD KATZ, BARRY R 1921 BENTHURST PLACE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPHARD, HARRY MD 241 SADDLEWORTH PLACE HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPLI, RAAJ K MD 1102 SHADOWMOSS CIRCLE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDY, SANJAY K MD 181 NANDINA TERRACE WINTER SPRINGS, FL 32708

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 01/10/08-80029-010 150.00

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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: *D. Leone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08
Date Daytime Phone #