

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K26071

FILED
Jan 09, 2009
Secretary of State

Entity Name: DIGESTIVE DISEASE CONSULTANTS, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

623 MAITLAND AVE., SUITE 2200
ALTAMONTE SPINGS, FL 32701 US

Current Mailing Address:

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

New Mailing Address:

623 MAITLAND AVE., SUITE 2200
ALTAMONTE SPINGS, FL 32701 US

FEI Number: 59-2894914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEBIODA, DAVID H. MD
4024 W DANBY CT
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEBIODA, DAVID H. MD,
Address: 4024 W DANBY COURT
City-St-Zip: WINTER SPRINGS, FL

Title: D () Delete
Name: STRAKER, RICHARD J. MD
Address: 2751 MARSH WREN CIRCLE
City-St-Zip: LONGWOOD, FL

Title: MD () Delete
Name: KATZ, BARRY R
Address: 1921 BENTHURST PLACE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: SHEPHARD, HARRY MD
Address: 241 SADDLEWORTH PLACE
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: POPLI, RAAJ K MD
Address: 1102 SHADOWMOSS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: REDDY, SANJAY K MD
Address: 181 NANDINA TERRACE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD J. STRAKER

D

01/09/2009

Electronic Signature of Signing Officer or Director

Date