

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K26071

FILED
Jan 13, 2012
Secretary of State

Entity Name: DIGESTIVE DISEASE CONSULTANTS, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2894914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, BARRY R
1921 BENHURST PLACE
MAITLAND, FL 32751 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

OFFICERS AND DIRECTORS:

Title: D
Name: BARRY R KATZ
Address: 1921 BENHURST PLACE
City-St-Zip: MAITLAND, FL 32751

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

Title: D
Name: LEBIODA, DAVID H
Address: 4024 W DANBY CT
City-St-Zip: WINTER SPRINGS, FL 32708

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BARRY R KATZ

D

01/13/2012

Electronic Signature of Signing Officer or Director

Date