

# 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