

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90034 026 ***150.00

DOCUMENT # K26071

1. Entity Name
DIGESTIVE DISEASE CONSULTANTS, P.A.



Principal Place of Business
**661 E. ALTAMONTE DRIVE
SUITE 325
ALTAMONTE SPINGS FL 32701
US**

Mailing Address
**661 E. ALTAMONTE DRIVE
SUITE 325
ALTAMONTE SPRINGS FL 32701
US**



2. Principal Place of Business
623 Maitland Avenue

3. Mailing Address
623 Maitland Avenue

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

Zip
32701

Country
US

Zip
32701

Country
US

4. FEI Number
59-2894914

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBIODA, DAVID H. MD 4024 W DANBY COURT WINTER SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAKER, RICHARD J. MD 2751 MARSH WREN CIRCLE LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, BARRY R 3083 TOTIKA COVE LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPARD, HARRY MD 661 E ALTAMONTE DR SUITE 325 ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	241 Saddleworth Ct Heathrow, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SHEPARD, HARRY MD **01/09/2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)