

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000009794

1. Entity Name

DIGESTIVE DISEASE & CANCER CENTER, INC.



Principal Place of Business

5767 49TH STREET N
ST PETERSBURG, FL 33709

Mailing Address

5767 49TH STREET N
ST PETERSBURG, FL 33709



02082008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-2114530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAMATH, JAYAPRAKASH K
5767 49TH STREET N
ST PETERSBURG, FL 33709

**DO NOT WRITE
IN THIS SPACE**

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, 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 PD
NAME KAMATH, JAYAPRAKASH K
STREET ADDRESS 5767 49TH STREET N
CITY-ST-ZIP ST PETERSBURG, FL 33709

TITLE SD
NAME KAMATH, GEETHA J
STREET ADDRESS 5767 49TH STREET N
CITY-ST-ZIP ST PETERSBURG, FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

U00000842226
03/11/08-80020-020-150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #