2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2004
Secretary of State

DOCUMENT# P01000056097

Entity Name: DIGESTIVE DISEASES ASSOCIATES OF TAMPA BAY, P.A.

Current Principal Place of Business:

266 S. MOON AVE.
BRANDON, FL 33511

New Principal Place of Business:

230 S. MOON AVE.
BRANDON, FL 33511

Current Mailing Address:

266 S. MOON AVE.
BRANDON, FL 33511

New Mailing Address:

230 S. MOON AVE.
BRANDON, FL 33511

FEI Number: 59-3728365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAEED, FARRUKH
266 S. MOON AVE.
BRANDON, FL 33511

Name and Address of New Registered Agent:

SAEED, FARRUKH
230 S. MOON AVE.
BRANDON, FL 33511

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: 04/04/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SAEED, FARRUKH
Address: 266 S. MOON AVE.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SAEED, FARRUKH
Address: 230 S. MOON AVE.
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FARRUKH SAEED D 04/04/2004
Electronic Signature of Signing Officer or Director — Date