


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000062582 1. Entity Name DIGESTIVE HEALTH SPECIALISTS, P.A.	
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04302008 No Chg-P CR2E034 (11/05)

Principal Place of Business 1070 N. STONE ST., STE. D DELAND, FL 32720	Mailing Address 1070 N. STONE ST., STE. D DELAND, FL 32720
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3736895	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GOLDBERG, PAUL B
1070 N STONE ST SUITE D
DELAND, FL 32720

**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 _____ (NOTE: Registered Agent signature required when resigning) 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

U000000939142
05/28/08-80016-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDBERG, PAUL B MD 1070 N STONE ST SUITE D DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRADO, MARTIN F MD 1070 N STONE ST SUITE D DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEL, BHARATKUMAR C MD 1070 N STONE ST SUITE D DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: PAUL B Goldberg 386.822.9410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #