

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000004585

FILED
Sep 24, 2007
Secretary of State

Entity Name: DIGESTIVE HEALTH PHYSICIANS OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

5131 HIGHLANDS BY THE LAKE DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

1350 E. MAIN ST.
STE. A-1
BARTOW, FL 33830

Current Mailing Address:

5131 HIGHLANDS BY THE LAKE DRIVE
LAKELAND, FL 33813

New Mailing Address:

5131 HIGHLANDS BY THE LAKE DR.
LAKELAND, FL 33812

FEI Number: 20-2136347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE STE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

PANARA, NED J DR
5131 HIGHLANDS BY THE LAKE DR.
LAKELAND, FL 33812 US

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: NED J. PANARA

09/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PANARA, NED M.D.
Address: 5131 HIGHLANDS BY THE LAKE DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PANARA, NED M.D.
Address: 5131 HIGHLANDS BY THE LAKE DRIVE
City-St-Zip: LAKELAND, FL 33812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NED J. PANARA

DR.

09/24/2007

Electronic Signature of Signing Officer or Director

Date