2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# P06000062129

Entity Name: DIGESTIVE DISEASES SERVICES OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

4780 NW 186TH STREET
MIAMI, FL 33055

New Principal Place of Business:

777 EAST 25TH STREET
416
HIALEAH, FL 33013

Current Mailing Address:

4780 NW 186TH STREET
MIAMI, FL 33055

New Mailing Address:

FEI Number: 20-4949875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NASIFF, LUIS
Address: 4780 NW 186TH STREET
City-St-Zip: MIAMI, FL 33055

Title: PST ( ) Delete
Name: NASIFF, LUIS
Address: 4780 NW 186TH STREET
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LUIS S. NASIFF D 01/03/2008

Electronic Signature of Signing Officer or Director Date