

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063521

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** DIGESTIVE AND LIVER HEALTH SPECIALISTS, P.A.

**Current Principal Place of Business:**

2605 W SWANN AVE  
600  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

7436 TRANSOM COURT  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 20-4823152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALOUM, YASSER A  
7436 TRANSOM COURT  
TAMPA, FL 33607 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: P ( ) Delete  
Name: SALOUM, YASSER A  
Address: 7436 TRANSOM COURT  
City-St-Zip: TAMPA, FL 33607

Title: ST ( ) Delete  
Name: SLUSAREK, LUCIE  
Address: 7436 TRANSOM COURT  
City-St-Zip: TAMPA, FL 33607

**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: YASSER A SALOUM

PRES

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date