

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082351

FILED
May 18, 2009
Secretary of State

Entity Name: LAKE OKEECHOBEE DIGESTIVE DISEASE CENTER, P.A.

Current Principal Place of Business:

9715 W. BROWARD BLVD.
STE 315
PLANTATION, FL 33324

New Principal Place of Business:

225 NE 19TH DRIVE
OKEECHOBEE, FL 34972

Current Mailing Address:

9715 W. BROWARD BLVD.
STE 315
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 26-3333438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALAN B ESQ
100 WEST CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE, FL 33309 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERNANDEZ-BRAVO, ALBERTO O DR
Address: 9715 W. BROWARD BLVD., STE 315
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NANCY FERNANDEZ-BRAVO

MGR

05/18/2009

Electronic Signature of Signing Officer or Director

_____ Date