

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082351

FILED
Feb 22, 2011
Secretary of State

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

Current Principal Place of Business:

225 NE 19TH DRIVE
OKEECHOBEE, FL 34972

New Principal Place of Business:

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

OFFICERS AND DIRECTORS:

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

I hereby 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 all other like empowered.

SIGNATURE: NANCY F BRAVO

MGR

02/22/2011

Electronic Signature of Signing Officer or Director

Date