

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000099023

FILED
Feb 18, 2011
Secretary of State

Entity Name: DIGESTIVE DISEASE ASSOCIATES OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

4712 EXPLORATION AVENUE
LAKELAND, FL 33812 US

New Principal Place of Business:

Current Mailing Address:

4712 EXPLORATION AVENUE
LAKELAND, FL 33812 US

New Mailing Address:

FEI Number: 27-4218495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALBA, RUSSELL T ESQUIRE
101 SOUTH FRANKLIN STREET
SUITE 202
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

SAEED, AHMED MD
4712 EXPLORATION AVE
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: SAEED AHMED, MD

02/18/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D, P
Name: AHMED, SAEED DR.
Address: 4712 EXPLORATION AVE
City-St-Zip: LAKELAND, FL 33812 US

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: SAEED AHMED, MD

PRES

02/18/2011

Electronic Signature of Signing Officer or Director

Date