2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# P94000013544

Entity Name: CENTER FOR DIGESTIVE HEALTH, INC.

Current Principal Place of Business:

12700 CREEKSIDE LANE
STE 202
FT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60157
FT MYERS, FL 33906 US

New Mailing Address:

FEI Number: 65-0468223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINI, MUKUND P MD
13672 PINE VILLA LANE
FT MYERS, FL 33912 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: KINI, MUKUND P MD
Address: 13672 PINE VILLA LANE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: KINI, MUKUND P MD
Address: 13672 PINE VILLA LANE
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MUKUND P KINI MD O 04/24/2004

Electronic Signature of Signing Officer or Director Date