

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000013544

FILED  
Apr 26, 2003  
Secretary of State

**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 219  
LEHIGH ACRES, FL 33936 US

## New Mailing Address:

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

FEI Number: 65-0468223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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:

KINI, MUKUND P MD  
13672 PINE VILLA LANE  
FT MYERS, FL 33912 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: MUKUND P. KINI, M.D.

04/26/2003

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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, M.D.

D

04/26/2003

Electronic Signature of Signing Officer or Director

Date