2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023661

Entity Name: PETER R. DUMAS, M.D., P.A.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

GULF COAST DIGESTIVE HEALTH CENTER PETER DUMAS,MD 1215 JACARANDA BLVD. VENICE, FL 34285 VENICE, FL 34292

Current Mailing Address: New Mailing Address:

GULF COAST DIGESTIVE HEALTH CENTER PETER R.DUMAS 1013 BAYSHORE RD. VENICE, FL 34285 US PETER R.DUMAS 1013 BAYSHORE RD. VENICE, FL 34275 US

FEI Number: 65-0472444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUMAS, PETER R 1013 BAYSHORE RD. NOKOMIS, FL 34275 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 DUMAS, PETER R
 Name:
 DUMAS, PETER R

 Address:
 1013 BAYSHORE RD.
 Address:
 1013 BAYSHORE RD.

 City-St-Zip:
 NOKOMIS, FL
 34275

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: PETER R. DUMAS PRES 04/30/2008