

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000086438 (3)
1. Corporation Name
DIGESTIVE DISEASE & CANCER INSTITUTE, P.A.



Principal Place of Business 5344 EL CERRO DRIVE NEW PORT RICHEY FL 34655	Mailing Address 5344 EL CERRO DRIVE NEW PORT RICHEY FL 34655
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/07/1997	
4. FEI Number 59-3471505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PATEL, SANDIP I
18187 U.S. HIGHWAY 19 NORTH STE. 150
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name	PATEL, SANDIP I
82 Street Address (P.O. Box Number is Not Acceptable)	2240 BELLEAIR ROAD, SUITE 160
83	
84 City	CLEARWATER FL
85 Zip Code	33764

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOYAL, MADHU	1.2 NAME	GOYAL, MADHU
STREET ADDRESS	10089 CORTEZ BLVD.	1.3 STREET ADDRESS	5344 EL CERRO DRIVE
CITY-ST-ZIP	BROOKSVILLE FL 34655	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOYAL, ANOOP K	2.2 NAME	GOYAL, ANOOP K
STREET ADDRESS	10089 CORTEZ BLVD.	2.3 STREET ADDRESS	5344 EL CERRO DRIVE
CITY-ST-ZIP	BROOKSVILLE FL 34655	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ **4.21.98** **938-1997**

CR2E034 (10/97)