


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

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90048 033 \*\*\*150.00

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|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P97000086438**

1. Corporation Name  
**DIGESTIVE DISEASE & CANCER INSTITUTE, P.A.**

|   |   |
|---|---|
| Principal Place of Business<br><b>5344 EL CERRO DRIVE<br/>                 NEW PORT RICHEY FL 34655</b> | Mailing Address<br><b>5344 EL CERRO DRIVE<br/>                 NEW PORT RICHEY FL 34655</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>1162 ALT. 19 N</b> | 2a. Mailing Address<br>26 <b>4005 Eagle Cove W. Dr.</b> |
| Suite, Apt. #, etc.<br>22                                  | Suite, Apt. #, etc.<br>27                               |
| City & State<br>23 <b>HOLIDAY, FL</b>                      | City & State<br>28 <b>Palm Harbor, FL</b>               |
| Zip<br>24 <b>34691</b>                                     | Country<br>25 <b>USA</b>                                |
| Zip<br>29 <b>34685</b>                                     | Country<br>30 <b>USA</b>                                |

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

9. Name and Address of Current Registered Agent

**PATEL, SANDIPI  
 2240 BELLEAIR RD  
 STE #160  
 CLEARWATER FL 33764**

10. Name and Address of New Registered Agent

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 85 Zip Code   |           |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GOYAL, MADHU</b><br><b>5344 EL CERRO DR</b><br><b>NEW PORT RICHEY FL 34655</b>   | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>D</b><br><b>GOYAL, MADHU</b><br><b>4005 EAGLE COVE W. DRIVE</b><br><b>PALM HARBOR, FL 34685</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GOYAL, ANOOP K</b><br><b>5344 EL CERRO DR</b><br><b>NEW PORT RICHEY FL 34655</b> | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>D</b><br><b>GOYAL, ANOOP</b><br><b>4005 EAGLE COVE W. DRIVE</b><br><b>PALM HARBOR, FL 34685</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED *Goyal* (727) 944-4034  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)