

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90042 039 ***150.00

DOCUMENT # P97000086438

1. Entity Name

DIGESTIVE DISEASE & CANCER INSTITUTE, P.A.

Principal Place of Business

1162 ALT 19N
 HOLIDAY FL 34691
 US

Mailing Address

4005 EAGLE COVE W DR
 PALM HARBOR FL 34685-3105

2. Principal Place of Business

34653 U.S. 19

3. Mailing Address

Suite, Apt. #, etc.

Palm Harbor

Suite, Apt. #, etc.

City & State

FL

City & State

4. FEI Number

59-3471505

Applied For

Not Applicable

Zip 34684

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** Delete
 NAME **GOYAL, MADHU**
 STREET ADDRESS **4005 EAGLE COVE W DR**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **D** Delete
 NAME **GOYAL, ANOOP K**
 STREET ADDRESS **4005 EAGLE COVE W DR**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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 STREET ADDRESS
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.12.2000

(727) 771-6135

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE