

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90138 029 \*\*\*150.00

UNCL10

**DOCUMENT # P97000086438**

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

Principal Place of Business      Mailing Address

**34693 US 19**      **4005 EAGLE COVE W DR**  
**PALM HARBOR FL 34684**      **PALM HARBOR FL 34685**  
**US**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3471505**

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**

Applied For  Not Applicable

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

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOYAL, MADHU</b> <b>4005 EAGLE COVE W DR</b> <b>PALM HARBOR FL 34685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOYAL, ANOOP K</b> <b>4005 EAGLE COVE W DR</b> <b>PALM HARBOR FL 34685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Anoop K. Goyal*      4/25/2001      (727) 771-6135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**ANOOP K. GOYAL**

CR2E034 (10/00)