

2002 UNIFORM BUSINESS REPORT (UBR)

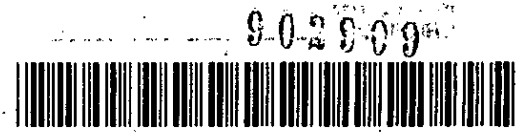
FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90068 042 ***150.00

DOCUMENT # P97000086438
 1. Entity Name
DIGESTIVE DISEASE & CANCER INSTITUTE, P.A.

Principal Place of Business
34683 US 19
PALM HARBOR FL 34684
US

Mailing Address
4005 EAGLE COVE W DR
PALM HARBOR FL 34685



2. Principal Place of Business
34653 U.S. 19

3. Mailing Address
 Suite, Apt. #, etc.

City & State
PALM HARBOR, FL

City & State

4. FEI Number **59-3471505**

Applied For
 Not Applicable

Zip **34684** Country **US**

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 *Goyal* - DATE **1.5.2002**

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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 <input type="checkbox"/> Delete
NAME	GOYAL, MADHU
STREET ADDRESS	4005 EAGLE COVE W DR
CITY-ST-ZIP	PALM HARBOR FL 34685
TITLE	D <input type="checkbox"/> Delete
NAME	GOYAL, ANOOP K
STREET ADDRESS	4005 EAGLE COVE W DR
CITY-ST-ZIP	PALM HARBOR FL 34685
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Goyal* - SIGNATURE REQUIRED *Goyal* - 1.5.2002 (727) 771-6135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANOOP GOYAL (PRESIDENT) Daytime Phone #

CR2E034 (9/01)