

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086438

FILED
Jan 06, 2005
Secretary of State

Entity Name: DIGESTIVE DISEASE & CANCER INSTITUTE, P.A.

Current Principal Place of Business:

34653 U S 19
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

4005 EAGLE COVE W DR
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-3471505 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOORE, STEVEN W
8200 BRIAN DAIRY RD., STE 300
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

GASSMAN, ALAN
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 US

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: SIGNED WITH WRITTEN PERMISSION
Electronic Signature of Registered Agent

01/06/2005
Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOYAL, MADHU
Address: 4005 EAGLE COVE W DR
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: GOYAL, ANOOP K
Address: 4005 EAGLE COVE W DR
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOYAL, ANOOP K
Address: 4005 EAGLE COVE W DR
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Change () Addition
Name: GOYAL, MADHU
Address: 4005 EAGLE COVE W DR
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANOOP GOYAL
Electronic Signature of Signing Officer or Director

PRES

01/06/2005
Date