

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086438

**FILED**  
**Jan 06, 2008**  
**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:**

2973 KENSINGTON TRCE  
TARPON SPRINGS, FL 34688

**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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GOYAL, ANOOP K  
Address: 2973 KENSINGTON TRCE  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D ( ) Delete  
Name: GOYAL, MADHU  
Address: 2973 KENSINGTON TRCE  
City-St-Zip: TARPON SPRINGS, FL 34688

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

DR.

01/06/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date