

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086438

FILED
Jan 08, 2009
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 (X)

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

D

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date