

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086438

FILED  
Jan 09, 2010  
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:** DR  
**Name:** GOYAL, ANOOP K  
**Address:** 2973 KENSINGTON TRCE  
**City-St-Zip:** TARPON SPRINGS, FL 34688

**Title:** DR  
**Name:** GOYAL, MADHU  
**Address:** 2973 KENSINGTON TRCE  
**City-St-Zip:** TARPON SPRINGS, FL 34688

I hereby 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 all other like empowered.

**SIGNATURE:** ANOOP GOYAL

DR

01/09/2010

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

\_\_\_\_\_  
Date