

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90144 012 \*\*\*150.00

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**DOCUMENT # P97000086438**

1. Entity Name  
**DIGESTIVE DISEASE & CANCER INSTITUTE, P.A.**



Principal Place of Business  
**34653 U S 19  
PALM HARBOR FL 34684  
US**

Mailing Address  
**4005 EAGLE COVE W DR  
PALM HARBOR FL 34685**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3471505**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, SANDIPI  
2240 BELLEAIR RD  
STE #160  
CLEARWATER FL 33764**

Name **STEVEN W. MOORE**  
Street Address (P.O. Box Number is Not Acceptable)  
**8200 BRIAN DAIRY ROAD, Suite 300**  
City **LARGO** FL Zip Code **33777**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

**3-27-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOYAL, MADHU</b> <b>4005 EAGLE COVE W DR</b> <b>PALM HARBOR FL 34685</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOYAL, ANOOP K</b> <b>4005 EAGLE COVE W DR</b> <b>PALM HARBOR FL 34685</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED 3-27-03**

**(727) 771-6135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)