

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038243

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: CENTER FOR DIGESTIVE CARE, INC.

## Current Principal Place of Business:

3901 66TH ST NORTH  
STE 201  
SAINT PETERSBURG, FL 33709

## New Principal Place of Business:

## Current Mailing Address:

3901 66TH ST NORTH  
STE 201  
SAINT PETERSBURG, FL 33709

## New Mailing Address:

FEI Number: 59-3577485      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DESAI, CHETAN  
3901 66TH ST NORTH  
SUITE 201  
ST PETERSBURG, FL 33709 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: DP ( ) Delete  
Name: SREENATH, BELUR S  
Address: 3901 66TH ST N STE 201  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: VD ( ) Delete  
Name: JACOB, DOTHEN  
Address: 3901 66TH ST N STE 201  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: DST ( ) Delete  
Name: DESAI, CHETAN  
Address: 3901 66TH ST N STE 201  
City-St-Zip: SAINT PETERSBURG, FL 33709

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: BELUR SREENATH

DP

01/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date