

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109513

FILED
Jan 12, 2009
Secretary of State

Entity Name: CENTER FOR DIGESTIVE DISORDERS, P.A.

Current Principal Place of Business:

900 EAST PINE STREET
UNIT 218
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

900 EAST PINE STREET
UNIT 218
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 65-0969017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBRECHT, WILLIAM G
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: P () Delete
Name: RAJA, JAY
Address: 7290 MANASOTA KEY RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP () Delete
Name: RAGANATHAN, SAMANAICKER
Address: 1600 DIXON ROAD
City-St-Zip: LONGWOOD, FL 32779

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: JAY RAJA, MD

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date