2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2012
Secretary of State

DOCUMENT# P99000109513

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

OFFICERS AND DIRECTORS:

Title: P
Name: RAJA, JAY
Address: 7290 MANASOTA KEY RD
City-St-Zip: ENGLEWOOD, FL 34223

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

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: JAY RAJA P 01/13/2012

Electronic Signature of Signing Officer or Director Date