2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# S71842

Entity Name: CONSULTANTS IN DIGESTIVE HEALTH, P.A.

Current Principal Place of Business:

12700 CREEKSIDE LANE
SUITE 302
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1327
LEHIGH ACRES, FL 33936 US

New Mailing Address:

P.O. BOX 219
LEHIGH ACRES, FL 33936 US

FEI Number: 59-3080048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINI, MUKUND P. M.D.
12700 CREEKSIDE LN #302
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

KINI, MUKUND P. M.D.
13672 PINE VILLA LANE
FT. MYERS, FL 33912 US

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: _____ 04/29/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KINI, MUKUND P., M.D, .
Address: 12700 CREEKSIDE LN #302
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KINI, MUKUND P., M.D, .
Address: 13672 PINE VILLA LANE
City-St-Zip: FT. MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MUKUND P. KINI, M.D. PRES 04/29/2002
Electronic Signature of Signing Officer or Director — Date