

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 636633

Entity Name: DIGESTIVE DISEASE ASSOCIATES OF NORTH FLORIDA, INC.**Current Principal Place of Business:**6400 W NEWBERRY ROAD SUITE 308
GAINESVILLE, FL 32605**Current Mailing Address:**6400 W NEWBERRY ROAD SUITE 308
GAINESVILLE, FL 32605**FEI Number: 59-1934417****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BEERS, THOMAS R
6400 W NEWBERRY ROAD SUITE 308
GAINESVILLE, FL 32605 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MOLINA, ENRIQUE GMD
Address 6400 W NEWBERRY ROAD SUITE 308
City-State-Zip: GAINESVILLE FL 32605

Title D
Name MAICO, DANIEL G
Address 6400 W NEWBERRY ROAD SUITE 308
City-State-Zip: GAINESVILLE FL 32605

Title SD
Name SNINSKY, CHARLES A
Address 6400 W NEWBERRY RD STE 308
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name BHARDWAJ, GABU
Address 6400 W NEWBERRY ROAD SUITE 308
City-State-Zip: GAINESVILLE FL 32605

Title D
Name BEERS, THOMAS R
Address 6400 W NEWBERRY ROAD SUITE 308
City-State-Zip: GAINESVILLE FL 32605

Title D
Name WASJMAN, RENATA
Address 6400 W NEWBERRY ROAD SUITE 308
City-State-Zip: GAINESVILLE FL 32605

Title D
Name ROSS, SHEA OMD
Address 6400 W. NEWBERRY RD
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name LEE, RONALD C
Address 6400 W NEWBERRY ROAD SUITE 308
City-State-Zip: GAINESVILLE FL 32605

Continues on page 2

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: THOMAS R BEERS**DIRECTOR****02/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHINI, PAYAM
Address 6400 W NEWBERRY ROAD SUITE 308
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name COLLINS, DENNIS P DR.
Address 6400 W NEWBERRY ROAD SUITE 308
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name HALLMAN, JASON D
Address 6400 W NEWBERRY ROAD SUITE 308
City-State-Zip: GAINESVILLE FL 32605