

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F41062

**Entity Name:** FLORIDA DIGESTIVE SPECIALISTS, P.A.

**Current Principal Place of Business:**

5651 49 ST N  
ST PETERSBURG, FL 33709

**Current Mailing Address:**

5651 49 ST N  
ST PETERSBURG, FL 33709 US

**FEI Number:** 59-2114530

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KAMATH, JAYAPRAKASH K  
5651 49 ST N  
ST. PETERSBURG, FL 33709 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 PD  
Name KAMATH, JAYAPRAKASH K  
Address 2422 KENT PLACE S.  
City-State-Zip: CLEARWATER FL 33764-7559

Title ADMINISTRATOR  
Name PEPPERS, HEATHER JANE  
Address 5651 49 ST N  
City-State-Zip: ST PETERSBURG FL 33709

*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:** HEATHER PEPPERS

**ADMINISTRATOR**

**01/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date