

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K26071

Entity Name: DIGESTIVE DISEASE CONSULTANTS, P.A.

Current Principal Place of Business:

623 MAITLAND AVE., SUITE 2200
ALTAMONTE SPINGS, FL 32701

Current Mailing Address:

623 MAITLAND AVE., SUITE 2200
ALTAMONTE SPINGS, FL 32701 US

FEI Number: 59-2894914

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZ, BARRY R
1921 BENHURST PLACE
MAITLAND, FL 32751 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 KATZ, BARRY R
Address 1921 BENHURST PLACE
City-State-Zip: MAITLAND FL 32751

Title D
Name STRAKER, RICHARD J. MD
Address 2751 MARSH WREN CIRCLE
City-State-Zip: LONGWOOD FL

Title D
Name LEBIODA, DAVID H
Address 4024 W DANBY CT
City-State-Zip: WINTER SPRINGS FL 32708

Title D
Name SHEPHARD, HARRY MD
Address 241 SADDLEWORTH PLACE
City-State-Zip: HEATHROW FL 32746

Title D
Name POPLI, RAAJ KMD
Address 1102 SHADOWMOSS CIRCLE
City-State-Zip: LAKE MARY FL 32746

Title D
Name REDDY, SANJAY KMD
Address 181 NANDINA TERRACE
City-State-Zip: WINTER SPRINGS FL 32708

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: BARRY R KATZ

DIRECTOR

01/07/2015

Electronic Signature of Signing Officer/Director Detail

Date