

2017 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 SPRINGS, FL 32701

Current Mailing Address:

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

FEI Number: 59-2894914

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHICK, DAVID L
200 SOUTH ORANGE AVENUE, SUITE 2300
ORLANDO, FL 32801 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 623 MAITLAND AVE., SUITE 2200
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D
Name STRAKER, RICHARD J
Address 623 MAITLAND AVE., SUITE 2200
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D
Name SHEPHARD, HARRY H
Address 623 MAITLAND AVE., SUITE 2200
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D
Name POPLI, RAAJ K
Address 623 MAITLAND AVE., SUITE 2200
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D
Name REDDY, SANJAY K
Address 623 MAITLAND AVE., SUITE 2200
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: RICHARD J STRAKER

D

04/24/2017

Electronic Signature of Signing Officer/Director Detail

Date