

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000071953

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

**Current Principal Place of Business:**

25 E. SILVER PALM AVE.  
MELBOURNE, FL 32901

**Current Mailing Address:**

PO BOX 1988  
MELBOURNE, FL 32903

**FEI Number:** 59-3733398

**Certificate of Status Desired:** No

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

FARID, MAGED  
250 S WICKHAM RD  
MELBOURNE, FL 32904 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 DR  
Name GADALLAH, SHIREEN  
Address 3083 BELLWIND CIRCLE  
City-State-Zip: ROCKLEDGE FL 32955

Title DR  
Name FARID, MAGED  
Address 3083 BELLWIND CIRCLE  
City-State-Zip: ROCKLEDGE FL 32955

*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:** SHIREEN GADALLAH

**DIRECTOR**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date