

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000086438

**Entity Name:** DIGESTIVE DISEASE & CANCER INSTITUTE, P.A.

**Current Principal Place of Business:**

34653 U S 19  
PALM HARBOR, FL 34684

**Current Mailing Address:**

2973 KENSINGTON TRCE  
TARPON SPRINGS, FL 34688

**FEI Number:** 59-3471505

**Certificate of Status Desired:** No

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

GOYAL, ANOOP  
2973 KENSINGTON TRCE  
TARPON SPRINGS, FL 34688 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:** ANOOP GOYAL

01/18/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR  
Name GOYAL, ANOOP K  
Address 2973 KENSINGTON TRCE  
City-State-Zip: TARPON SPRINGS FL 34688

Title DR  
Name GOYAL, MADHU  
Address 2973 KENSINGTON TRCE  
City-State-Zip: TARPON SPRINGS FL 34688

*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:** ANOOP GOYAL

**PRESIDENT**

01/18/2025

Electronic Signature of Signing Officer/Director Detail

Date