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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: ANOOP GOYAL

2016 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

Name and Address of Current Registered Agent:

GASSMAN, ALAN 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756 US

PRESIDENT

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

Officer/Director Detail :

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

Date

FILED Jan 24, 2016 Secretary of State CC7431620355

Date

Certificate of Status Desired: No

01/24/2016

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