

2015 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:

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

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

01/12/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date