

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086032

**Entity Name:** DIGESTIVE DISEASE ASSOCIATES, LLC

**Current Principal Place of Business:**

3001 CORAL HILLS DRIVE  
250  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3001 CORAL HILLS DRIVE  
250  
CORAL SPRINGS, FL 33065

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KATZ, NICHOLAS  
3001 CORAL HILLS DRIVE  
250  
CORAL SPRINGS, FL 33065 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

**Authorized Person(s) Detail :**

Title MGRM  
Name GASTROCARE, LLP  
Address 5431 N. UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICHOLAS C. KATZ

M.D.

01/18/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date