2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2014
Secretary of State
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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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS C. KATZ M.D. 03/28/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date