

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086032

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

**Current Principal Place of Business:**

3001 CORAL HILLS DRIVE  
SUITE 250  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

5431 N UNIVERSITY DR  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 20-3207949

**Certificate of Status Desired:** No

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

STERNTHAL, M.D., MICHAEL  
5431 N UNIVERSITY DR  
CORAL SPRINGS, FL 33067 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:** MICHAEL STERNTHAL, M.D.

02/09/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	AMBR
Name	GASTROCARE, LLP	Name	STERNTHAL, MICHAEL
Address	5431 N UNIVERSITY DR	Address	5431 N UNIVERSITY DR
City-State-Zip:	CORAL SPRINGS FL 33067	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:** LYLE SILVER

**CONTROLLER**

02/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date