

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90275 016 \*\*\*\*50.00

**DOCUMENT # L00000010976**

1. Entity Name  
DIGESTIVE HEALTH CENTER, L.L.C.



Principal Place of Business  
2089 HAWTHORNE STREET  
SUITE 200  
SARASOTA, FL 34239

Mailing Address  
2089 HAWTHORNE STREET  
SUITE 200  
SARASOTA, FL 34239



02192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1069734

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORBETT, F. SCOTT  
2089 HAWTHORNE STREET, SUITE 200  
SARASOTA, FL 34239

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CORBETT, F. SCOTT M.D.  
2089 HAWTHORNE STREET, SUITE 200  
SARASOTA, FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KUPERMAN, DOUGLAS A M.D.  
2089 HAWTHORNE STREET, SUITE 200  
SARASOTA, FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #