2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000010976

1. Entity Name

DIGESTIVE HEALTH CENTER, L.L.C.



Principal Place of Business

2089 HAWTHORNE STREET

SUITE 200

SARASOTA, FL 34239

SIGNATURE:

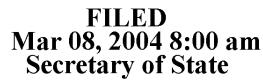
Mailing Address

2089 HAWTHORNE STREET

SUITE 200

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

SARASOTA, FL 34239



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



02192004 No Chg-LLC

CR2E083 (10/03)

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

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215104

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SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	iling Fee Is \$50.00 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS			
TITTE 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			
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	DO NOT WRITE	
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