

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010976

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** DIGESTIVE HEALTH CENTER, L.L.C.

**Current Principal Place of Business:**

2089 HAWTHORNE STREET  
SUITE 200  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2089 HAWTHORNE STREET  
SUITE 200  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 65-1069734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUPERMAN, DOUGLAS A  
2822 PROCTOR RD., SUITE A  
SARASOTA, FL 34231 US

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

KUPERMAN, DOUGLAS A  
7131 CURTISS AVE  
SUITE 4  
SARASOTA, FL 34231 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:

04/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CORBETT, F. SCOTT M.D.  
Address: 2089 HAWTHORNE STREET, SUITE 200  
City-St-Zip: SARASOTA, FL 34239

Title: MGR  
Name: KUPERMAN, DOUGLAS A M.D.  
Address: 2089 HAWTHORNE STREET, SUITE 200  
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information indicated on this 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.

SIGNATURE: DOUGLAS A. KUPERMAN

MGR

04/22/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date