2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010976

1. Entity Name

DIGESTIVE HEALTH CENTER, L.L.C.

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

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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	**7.** Name and Address of New Registered Agent
CORBETT, F. SCOTT 2089 HAWTHORNE STREET, SUITE 200 SARASOTA FL 34239	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

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

10. ADDITIONS/CHANGES

(TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition)

CR2E083 (10/02)

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: _____ MD   ✓ 2/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #