

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000008819

**FILED  
Apr 29, 2011  
Secretary of State**

**Entity Name:** THE DIGESTIVE AND LIVER CENTER OF MELBOURNE, L.L.C.

**Current Principal Place of Business:**

25 E. SILVER PALM AVE.  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1988  
MELBOURNE, FL 32902

**New Mailing Address:**

FEI Number: 59-3726212      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MAGED, FARID  
240 N. WICKHAM RD  
SUITE 102  
MELBOURNE, FL 32935 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GADALLAH, SHIREEN F  
Address: 25 SILVER PALM AVE SUITE B  
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM  
Name: FARID, MAGED  
Address: 25 SILVER PALM AVE SUITE B  
City-St-Zip: MELBOURNE, FL 32901

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: SHIREEN GADALLAH

MGRM

04/29/2011

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