# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 NOV -1 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029532

1. Entity Name
THE INSTITUTE FOR DIGESTIVE DISORDERS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1325 SOUTH CONGRESS AVE., SUITE 211<br>BOYNTON BEACH, FL 33426 | 1325 SOUTH CONGRESS AVE., SUITE 211<br>BOYNTON BEACH, FL 33426 |

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

10212004 REIN-LLC CR2E101 (6/04)

4. FEI Number 01-0751922 — 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 |
|---|---|
| MENKHAUS, DAVID J<br>2424 NORTH FEDERAL HIGHWAY, SUITE 456<br>BOCA RATON, FL 33431 | Name: Menkhaus David J.<br>Street Address (P.O. Box Number is Not Acceptable): 1900 Glades Rd.<br>Suite 401<br>City: Boca Raton FL Zip Code: 33431 |

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: _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After January 1, 2005, Fee will be $200.00**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | DEGEROME, JAMES H | NAME | |
| STREET ADDRESS | 1422 SE ATLANTIC DR | STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH, FL 33462 | CITY-ST-ZIP | |
| TITLE | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | DOSCH, MARK R | NAME | 000042361390 |
| STREET ADDRESS | 4615 PINE TREE DR | STREET ADDRESS | 11/01/04--01063--011 **150.00 |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | CITY-ST-ZIP | |
| TITLE | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BROWN, MARK | NAME | |
| STREET ADDRESS | 3159 NW 59TH ST | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | CITY-ST-ZIP | |
| TITLE | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | IBANEZ, EDGAR | NAME | |
| STREET ADDRESS | 4407 WOOD FIELD DR | STREET ADDRESS | REINSTATEMENT 04 |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | CITY-ST-ZIP | |
| TITLE | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | MUELLER, GEONE | NAME | |
| STREET ADDRESS | 3180 IDO DR | STREET ADDRESS | |
| CITY-ST-ZIP | GULFSTREAM, FL 33483 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: X _____ Date 10/26/04 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE