

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000029532

1. Entity Name
THE INSTITUTE FOR DIGESTIVE DISORDERS, LLC



Principal Place of Business
**1325 SOUTH CONGRESS AVE., SUITE 211
BOYNTON BEACH, FL 33426**

Mailing Address
**1325 SOUTH CONGRESS AVE., SUITE 211
BOYNTON BEACH, FL 33426**



04282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**MENKHAUS, DAVID J
1900 GLADES ROAD, SUITE 401
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**000000344635
04/30/05-80002-018 150.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DEGEROME, JAMES H
1422 SE ATLANTIC DR
LAKE WORTH, FL 33462**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DOSCH, MARK R
4615 PINE TREE DR
BOYNTON BEACH, FL 33436**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BROWN, MARK
3159 NW 59TH ST
BOCA RATON, FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
IBANEZ, EDGAR
4407 WOOD FIELD DR
BOCA RATON, FL 33434**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MUELLER, GEONE
3180 IDQ DR
GULFSTREAM, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

**561-
4-28-05 746-296**