

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90128 019 ****50.00

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

DO NOT WRITE IN THIS SPACE



07102006No Chg-LLC

CR2E083 (11/05)

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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DEGEROME, JAMES H
STREET ADDRESS	1422 SE ATLANTIC DR
CITY-STATE-ZIP	LAKE WORTH, FL 33462
TITLE	MGR
NAME	DOSCH, MARK R
STREET ADDRESS	4615 PINE TREE DR
CITY-STATE-ZIP	BOYNTON BEACH, FL 33436
TITLE	MGR
NAME	BROWN, MARK
STREET ADDRESS	3159 NW 59TH ST
CITY-STATE-ZIP	BOCA RATON, FL 33496
TITLE	MGR
NAME	IBANEZ, EDGAR
STREET ADDRESS	4407 WOOD FIELD DR
CITY-STATE-ZIP	BOCA RATON, FL 33434
TITLE	MGR
NAME	MUELLER, GEORGE <i>George</i>
STREET ADDRESS	3180 IDO DR
CITY-STATE-ZIP	GULFSTREAM, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

8/14/06