2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# L03000014338

Entity Name: CENTER FOR DIGESTIVE DISEASE & DISORDER AT CELEBRATION, LLC

Current Principal Place of Business:

720 W. OAK STREET
SUITE 114
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

720 W. OAK STREET
SUITE 114
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 20-1455324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARSONS, WALTER C
328 W. OAK STREET
KISSIMMEE, FL 34741 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/MEMBERS:

Title: MGRM ( ) Delete
Name: ANWER, MOHAMMAD B MD
Address: 720 W. OAK STREET, SUITE 114
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WALTER C PARSONS RA 01/20/2005

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