

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014338

FILED
Jan 25, 2006
Secretary of State

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/MANAGERS:

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 Chapter 119, 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 PARSON

RA

01/25/2006

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