2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
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:

ANWER, MOHAMMAD B
720 W OAK STREET SUITE 114
KISSIMMEE, FL 34741 US

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: M BADAR ANWER 04/14/2009
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: MGRM (X) Change ( ) Addition
Name: ANWER, MOHAMMAD B
Address: 720 W. OAK STREET, SUITE 114
City-St-Zip: KISSIMMEE, FL 34741 US

I hereby certify that the information supplied with this filing does not qualify 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: M BADAR ANWER MGMB 04/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date