2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000065357

Entity Name: DIGESTIVE DISEASES ASSOCIATES OF TAMPA BAY, L.L.C.

Current Principal Place of Business:

266 S. MOON AVENUE
BRANDON, FL 33511

New Principal Place of Business:

876 SOUTH PARSONS AVENUE
BRANDON, FL 33511

Current Mailing Address:

266 S. MOON AVENUE
BRANDON, FL 33511

New Mailing Address:

876 SOUTH PARSONS AVENUE
BRANDON, FL 33511

FEI Number: 34-2014240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: SAEED, FARRUKH M.D.
Address: 876, SOUTH PARSONS AVE
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM ( ) Change (X) Addition
Name: AL-NAKSHABENDI, IMAD M.D.
Address: 876, SOUTH PARSONS AVE
City-St-Zip: BRANDON, FL 33511 US

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: FARRUKH SAEED, M.D. MGRM 04/29/2005

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