

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065357

FILED
Apr 29, 2007
Secretary of State

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

Current Principal Place of Business:

876 SOUTH PARSONS AVENUE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

876 SOUTH PARSONS AVENUE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 34-2014240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () 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 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: FARRUKH SAEED

MGRM

04/29/2007

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