2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 14, 2005 8:00 am Secretary of State

DOCUMENT # L04000082614 1. Entity Name DIGESTIVE HEALTH PHYSICIANS, P.L.						02-14-2005	90176 035 *	***50.00	
Principal Plac	ce of Business	Mailing Address							
7152 COCA SABAL LANE 7152 COCA SABAL LANE									
FORT MYERS, FL 33908 FORT MYERS, FL 33908									
						I BENI BIBU BENI BBN BBN	II ABIBI IBKIG HAKA AKENI	MPN 418821 IIJ 1881	
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			02012005	Chg-LLC	CR2E083 (10	/03)	
City & State		City & State			4. FEI Numb	881692	-	Applied For Not Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		O Additional	
	6 Name and Address of Current	Registered Agent				Address of New C	Fee Re	quired	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent Name				
PENUEL, JAMES W JR									
	CA SABAL LANE			Street Address (P.O. Box Number is Not Acceptable)					
FOR I MY	ERS, FL 33908								
			Ì	City			₽ ■ Zin	Code	
							LF		
The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registere	ed office or regist	ered agent, or bo	th, in the State of Flo	rida. I am familiar	with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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Filing Fee is \$50.00			* Pic				e check payable		
	ue by May 1, 2005			-,		rioriga	Department of	State	
9.	MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES					
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