2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000082614

1. Entity Name
DIGESTIVE HEALTH PHYSICIANS, P.L.

Principal Place of Business	Mailing Address
7152 COCA SABAL LANE FORT MYERS, FL 33908	7152 COCA SABAL LANE FORT MYERS, FL 33908

02012006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1881692
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PENUEL, JAMES W JR
7152 COCA SABAL LANE
FORT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PENUEL, JAMES W JR.
STREET ADDRESS	7152 COCA SABAL LANE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	P
NAME	YUDELMAN, PAUL L
STREET ADDRESS	7152 COCA SABAL LANE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	P
NAME	O'KONSKI, MARK S
STREET ADDRESS	7152 COCA SABAL LANE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	P
NAME	DADRAT, ANDREE A
STREET ADDRESS	7152 COCA SABAL LANE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	P
NAME	HERRERA, JUAN G
STREET ADDRESS	7152 COCA SABAL LANE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000433853
02/24/06-80026-010 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #