


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000082614 1. Entity Name DIGESTIVE HEALTH PHYSICIANS, P.L.	
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Principal Place of Business 7152 COCA SABAL LANE FORT MYERS, FL 33908	Mailing Address 7152 COCA SABAL LANE FORT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1881692	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

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02/14/07-80029-009 300.00

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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 #