

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082614

FILED
Apr 13, 2009
Secretary of State

Entity Name: DIGESTIVE HEALTH PHYSICIANS, P.L.

Current Principal Place of Business:

7152 COCA SABAL LANE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

7152 COCA SABAL LANE
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-1881692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENUEL, JAMES W JR
7152 COCA SABAL LANE
FORT MYERS, FL 33908 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: PENUEL, JAMES W JR
Address: 7152 COCA SABAL LANE
City-St-Zip: FORT MYERS, FL 33908

Title: P () Delete
Name: YUDELMAN, PAUL L
Address: 7152 COCA SABAL LANE
City-St-Zip: FORT MYERS, FL 33908

Title: P () Delete
Name: O'KONSKI, MARK S
Address: 7152 COCA SABAL LANE
City-St-Zip: FORT MYERS, FL 33908

Title: P () Delete
Name: DADRAT, ANDREE A
Address: 7152 COCA SABAL LANE
City-St-Zip: FORT MYERS, FL 33908

Title: P () Delete
Name: HERRERA, JUAN G
Address: 7152 COCA SABAL LANE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

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

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

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

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

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

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: PATTI REIGLE

ADM

04/13/2009

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