2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# L04000094325

Entity Name: DIGESTIVE DISEASE CONSULTANTS, L.L.C.

Current Principal Place of Business:

1820 BARKS STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

1820 BARRS STREET
SUITE 615
JACKSONVILLE, FL 32204

Current Mailing Address:

1820 BARKS STREET
JACKSONVILLE, FL 32204

New Mailing Address:

1820 BARRS STREET
SUITE 615
JACKSONVILLE, FL 32204

FEI Number: 42-1656000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABBASSI, ABDI
1820 BARKS STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

ABBASSI, ABDI
1820 BARRS STREET
SUITE 615
JACKSONVILLE, FL 32204 US

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: _____ 02/10/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: ABBASSI, ABDI
Address: 1820 BARKS STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ABBASSI, ABDI
Address: 1820 BARRS STREET, SUITE 615
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ABDI ABBASSI, M.D. PRES 02/10/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date