

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L04000094325

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



Principal Place of Business
1820 BARRS STREET
SUITE 615
JACKSONVILLE, FL 32204

Mailing Address
1820 BARRS STREET
SUITE 615
JACKSONVILLE, FL 32204



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
42-1656000

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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	MGRM
NAME	ABBASSI, ABDI
STREET ADDRESS	1820 BARRS STREET, SUITE 615
CITY-ST-ZIP	JACKSONVILLE, FL 32204

TITLE	
NAME	
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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 #