2008 LIMITED LIABILITY COMPANY

Apr 21, 2008 8:00 am Secretary of State ANNUAL REPORT 04-21-2008 90312 033 ***138.75 **DOCUMENT # L04000094325** DIGESTIVE DISEASE CONSULTANTS, L.L.C. **60000000** Principal Place of Business Mailing Address 1820 BARRS STREET **1820 BARRS STREET** SUITE 615 SUITE 615 JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3 Shirdiff 3 Shircloff L Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Chq-LLC CR2E083 (12/06) # 615 1615 City & State City & State Applied For 4. FFI Number 42-1656000 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABBASSI, ABDI Street Address (P.O. Box Number is Not Acceptable) **1820 BARRS STREET SUITE 615** JACKSONVILLE, FL 32204 City Zip Code F١ 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM Change TITLE TITLE ☐ Addition ☐ Delete ABBASSI, ABDI NAME NAME 3 Snircliff Way +615 STREET ADDRESS 1820 BARRS STREET, SUITE 615 STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 earne 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 at required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEN NAGER, OR/AUTHORIZED REPRESENTATIVE

Daytime Phone #

Date

FILED