

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094325

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

3 SHIRDIFF WAY
#615
JACKSONVILLE, FL 32204

New Principal Place of Business:

3 SHIRCLIFF WAY
#615
JACKSONVILLE, FL 32204

Current Mailing Address:

3 SHIRDIFF WAY
#615
JACKSONVILLE, FL 32204

New Mailing Address:

3 SHIRCLIFF WAY
#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
3 SHIRCLIFF WAY #615
SUITE 615
JACKSONVILLE, FL 32204 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: ABBASSI, ABDI
Address: 3 SHIRCLIFF WAY #615
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

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: DR. ABDI ABBASSI

MGR

04/08/2009

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