2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006
Secretary of State

DOCUMENT# L05000082256

Entity Name: DIGESTIVE DISEASE ENDOSCOPY AND SURGERY CENTER, LLC

Current Principal Place of Business:

300 RIVERSIDE DRIVE EAST
SUITE 2010
BRADENTON, FL 34208 US

New Principal Place of Business:

Current Mailing Address:

300 RIVERSIDE DRIVE EAST
SUITE 2010
BRADENTON, FL 34208 US

New Mailing Address:

PO BOX 14880
BRADENTON, FL 34280 US

FEI Number: 20-3341919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROTMAN, BRUCE W
300 RIVERSIDE DRIVE EAST
SUITE 2010
BRADENTON, FL 34208 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: PS ( ) Delete
Name: TROTMAN, BRUCE W
Address: 300 RIVERSIDE DRIVE EAST, SUITE 2010
City-St-Zip: BRADENTON, FL 34208 US

Title: VPT ( ) Delete
Name: ZALEPUGA, RIMANTAS
Address: 300 RIVERSIDE DRIVE EAST, SUITE 2010
City-St-Zip: BRADENTON, FL 34208 US

ADDITIONS/CHANGES:

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

Title: VP (X) Change ( ) Addition
Name: ZALEPUGA, RIMANTAS
Address: 300 RIVERSIDE DRIVE EAST, SUITE 2010
City-St-Zip: BRADENTON, FL 34208 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE W TROTMAN PS 02/06/2006

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