2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L05000121534

1. Entity Name
FLORIDA DIGESTIVE DISEASE SPECIALISTS P.L.

Principal Place of Business	Mailing Address
8340 LAKEWOOD RANCH BLVD. LAKEWOOD RANCH, FL 34202 US	7819 MATHERN COURT BRADENTON, FL 34202

DO NOT WRITE IN THIS SPACE

04112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-4114023
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $50.00
Due by May 1, 2007

U00000729306
05/08/07-80034-016 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KHAZANCHI, ARUN
STREET ADDRESS	7819 MATHERN COURT
CITY-ST-ZIP	*BRADENTON, FL 34202*
TITLE	MGRM
NAME	KHAZANCHI, HARPREET
STREET ADDRESS	8340 LAKEWOOD RANCH BLVD.
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: ✓ ✓ 4/13/07 ✓941-388-6996
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #