

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121534

FILED
Apr 28, 2009
Secretary of State

Entity Name: DIGESTIVE DISEASE SPECIALISTS P.L.

Current Principal Place of Business:

8340 LAKEWOOD RANCH BLVD.
LAKEWOOD RANCH, FL 34202 US

New Principal Place of Business:

8340 LAKEWOOD RANCH BLVD.
SUITE 101
LAKEWOOD RANCH, FL 34202 US

Current Mailing Address:

7819 MATHERN COURT
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 20-4114023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: KHAZANCHI, ARUN
Address: 7819 MATHERN COURT
City-St-Zip: BRADENTON, FL 34202 US

Title: MGRM () Delete
Name: KHAZANCHI, HARPREET
Address: 7819 MATHERN CRT
City-St-Zip: BRADENTON, FL 34202 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: KHAZANCHI, HARPREET
Address: 7819 MATHERN CRT
City-St-Zip: BRADENTON, FL 34202 US

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: HARPREET KHAZANCHI

MGR

04/28/2009

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