2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069669

FILED Mar 10, 2007 Secretary of State

Entity Name: GULF COAST DIGESTIVE HEALTH CENTER, PL

R25 VENETIAN PKWY VENICE, FL 34285 FEI Number: 20-5315987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Statu Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGR () Delete Title: () Change () Addition Name: Address: 825 VENETIAN PKWY Address: City-St-Zip: VENICE, FL 34285 Title: MGR () Delete Title: () Change () Addition Name: Address: RONDAPALLI, RAVI MD Name: KONDAPALLI, RAVI MD Name: Address: 825 VENETIAN PKWY	ENICE, FL 3	cipal Place of Business:	\$:	New Princi	ipal Place of B	usiness:		
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VENICE, FL 34285 FEI Number: 20-5315987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGR () Delete Title: () Change () Addition Name: DEMASI, RONALD MD Name: Address: 825 VENETIAN PKWY Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: KONDAPALLI, RAVI MD Name: KONDAPALLI, RAVI MD Name: Address: 825 VENETIAN PKWY Address: 825 VENETIAN PKWY Address: 825 VENETIAN PKWY		Current Mailing Address:			New Mailing Address:			
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Electronic Signature of Registered Agent MANAGING MEMBERS/MANAGERS: Title: MGR () Delete Title: () Change () Addition Name: Address: 825 VENETIAN PKWY Title: MGR () Delete Title: () Change () Addition Name: Address: City-St-Zip: VENICE, FL 34285 Title: MGR () Delete Title: () Change () Addition Name: KONDAPALLI, RAVI MD Name: Address: 825 VENETIAN PKWY Address: 825 VENETIAN PKWY Address: 825 VENETIAN PKWY			tatement for the purpose o	f changing it	s registered offi	ce or registered agent, or b	oth,	
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Name: KONDAPALLI, RAVI MD Name: Address: 825 VENETIAN PKWY Address:	me: DE dress: 82	EMASI, RONÁLD MD 25 VENETIAN PKWY		Name: Address:	()C	hange () Addition		
	ime: KC dress: 82	ONDAPALLÌ, RAVI MD 25 VENETIAN PKWY		Name: Address:	() C	hange()Addition		
Title: () Delete Title: MGR () Change (X) Addition Name: ROSSBARD, HOWARD MD Address: Address: 825 VENETIAN PKWY City-St-Zip: VENICE, FL 34285		() Delete		Name: Address:	GROSSBARD, HO 825 VENETIAN PI	OWARD MD KWY		
Title: () Delete Title: MGR () Change (X) Addition Name: DUMAS, PETER MD Address: 825 VENETIAN PKWY City-St-Zip: VENICE, FL 34285	me: dress:							

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: RON DEMASI MGR 03/10/2007