

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069669

FILED  
Mar 10, 2007  
Secretary of State

Entity Name: GULF COAST DIGESTIVE HEALTH CENTER, PL

**Current Principal Place of Business:**

825 VENETIAN PKWY  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

825 VENETIAN PKWY  
VENICE, FL 34285

**New Mailing Address:**

FEI Number: 20-5315987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: DEMASI, RONALD MD  
Address: 825 VENETIAN PKWY  
City-St-Zip: VENICE, FL 34285

Title: MGR ( ) Delete  
Name: KONDAPALLI, RAVI MD  
Address: 825 VENETIAN PKWY  
City-St-Zip: VENICE, FL 34285

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: GROSSBARD, HOWARD MD  
Address: 825 VENETIAN PKWY  
City-St-Zip: VENICE, FL 34285

Title: MGR ( ) Change (X) Addition  
Name: DUMAS, PETER MD  
Address: 825 VENETIAN PKWY  
City-St-Zip: VENICE, FL 34285

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

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