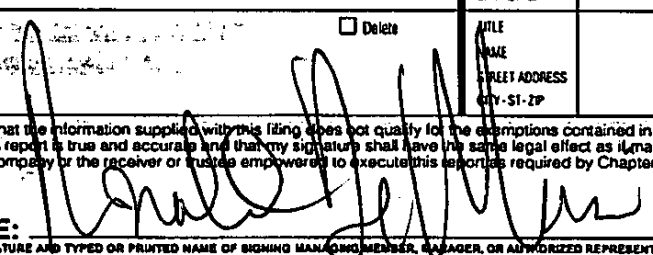


FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90017 033 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000069669					
1. Entity Name GULF COAST DIGESTIVE HEALTH CENTER, PL					
Principal Place of Business 825 VENETIAN PKWY VENICE, FL 34285			Mailing Address 825 VENETIAN PKWY VENICE, FL 34285		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5315987	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of Now Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMASI, RONALD MD 825 VENETIAN PKWY VENICE, FL 34285 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KONDAPALLI, RAVI MD 825 VENETIAN PKWY VENICE, FL 34285 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GROSSBARD, HOWARD MD 825 VENETIAN PKWY VENICE, FL 34285 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUMAS, PETER MD 825 VENETIAN PKWY VENICE, FL 34285 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 				Date: 4.28.08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					