

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069669

FILED
Jan 07, 2011
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:

C/O WALTERS LEVINE KLINGENSMITH & THOMISON
601 BAYSHORE BLVD., STE. 720
TAMPA, FL 33606

FEI Number: 20-5315987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS LEVINE KLINGENSMITH & THOMISON, PA
601 BAYSHORE BLVD.
SUITE 720
TAMPA, FL 33606 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
Name: KONDAPALLI, RAVI MD
Address: 825 VENETIAN PKWY
City-St-Zip: VENICE, FL 34285

Title: MGRM
Name: DEMASI, RONALD MD
Address: 825 VENETIAN PKWY
City-St-Zip: VENICE, FL 34285

Title: MGRM
Name: GROSSBARD, HOWARD MD
Address: 825 VENETIAN PKWY
City-St-Zip: VENICE, FL 34285

I hereby 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: RAVI KONDAPALLI

MGRM

01/07/2011

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