
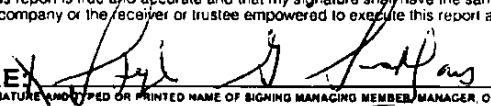


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90483 049 \*\*\*\*50.00

<b>DOCUMENT # L06000086030</b>					
1. Entity Name <b>DIGESTIVE DISEASE CONSULTANTS OF SOUTH FLORIDA, LLC</b>					
Principal Place of Business <b>OAKRIDGE MEDICAL PLAZA 5601 NORTH DIXIE HIGHWAY, SUITE 306-405 FT. LAUDERDALE, FL 33334</b>			Mailing Address <b>OAKRIDGE MEDICAL PLAZA 5601 NORTH DIXIE HIGHWAY, SUITE 306-405 FT. LAUDERDALE, FL 33334</b>		
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 <b>203207949</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>QUENTZEL, PAUL S OAKRIDGE MEDICAL PLAZA 5601 NORTH DIXIE HIGHWAY, SUITE 306 FT. LAUDERDALE, FL 33334</b>			7. Name and Address of New Registered Agent Name <b>Sackel, Stephen G</b> Street Address (P.O. Box Number is Not Acceptable) <b>5601 N. DIXIE HWY STE 405</b> <b>Ft Lauderdale, FL</b> City <b>FL</b> Zip Code <b>33334</b>		
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)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM - GASTRO CARE, LLP 2902 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <b>3-21-07</b> Daytime Phone # <b>9544913301</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30003510



03072007 Chg-LLC CR2E083 (12/06)