## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** DOCUMENT # L06000086030



**FILED** Mar 28, 2007 8:00 am Secretary of State 03-12-2007 90483 049 \*\*\*\*50.00

1. Entity Name DIGESTIVE DISEASE CONSULTANTS OF SOUTH FLORIDA, LLC											
Principal Place of Business  OAKRIDGE MEDICAL PLAZA  5601 NORTH DIXIE HIGHWAY, SUITE 306—405  FT. LAUDERDALE, FL 33334			Mailing Address  OAKRIDGE MEDICAL PLAZA 5601 NORTH DIXIE HIGHWAY, SUITE 306 405 FT. LAUDERDALE, FE 33334		) ISSNER BIJ BENS SIIN SENI SENI SENI SENI SENI SENI S						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, erc.			03072007	Chg-LLC	CR2E083 (1	2/06)			
City & State		City & State			4. EEI Numbi	32079	49		oplied For of Applicable		
Zip	Country		Zip	Country		Certificate of Status Desired					
	6. Name and Ad	dress of Current F	Registered Agent	Nam		7. Name and	Address of New	Registered Agant			
OUENTZE	DAILS			Name 50			Steph	en G			
QUENTZEL, PAUL S   OAKRIDGE MEDICAL PLAZA   5601 NORTH DIXIE HIGHWAY, SUITE 30			Street Address		et Address (I	P.O. BON Number is Not Acceptable) STE 405					
	ERDALE, FL 33:			F	+ La	nelsin	dale	FL	^-#		
* The above	and entity output	· ···	the state of the saint ite	City	- inter		Corre al f	FL Zi	33	1334	
the obligat	<ol> <li>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.</li> </ol>										
SIGNATURE.	Signature, typed or printed in	name of registered agent as	nd tife if applicable (NOTE	: Registered Agent s	ignature required	when ramstaling)		DATE			
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State					
9.	MA	ANAGING MEMBER	S/MANAGERS	10			100.710	O COLLANDEO			
	•		107 MANUACING	10.			ADDITION:	S/CHANGES			
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