

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086030

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** DIGESTIVE DISEASE CONSULTANTS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

OAKRIDGE MEDICAL PLAZA  
5601 NORTH DIXIE HIGHWAY, SUITE 405  
FT. LAUDERDALE, FL 33334

**New Principal Place of Business:**

2902 N UNIVERSITY DR.  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

OAKRIDGE MEDICAL PLAZA  
5601 NORTH DIXIE HIGHWAY, SUITE 405  
FT. LAUDERDALE, FL 33334

**New Mailing Address:**

2902 N UNIVERSITY DR.  
CORAL SPRINGS, FL 33065

**FEI Number:** 20-3207949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SACKEL, STEPHEN G  
5601 NORTH DIXIE HIGHWAY, SUITE 405  
FT. LAUDERDALE, FL 33334 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: GASTROCARE, LLP DBA DIGESTIVE CARE  
Address: 2902 N. UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

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: STEPHEN G. SACKEL, M.D.

MG

03/03/2010

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