

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086032

FILED
Jan 05, 2011
Secretary of State

Entity Name: DIGESTIVE DISEASE ASSOCIATES, LLC

Current Principal Place of Business:

3001 CORAL HILLS DRIVE
250
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3001 CORAL HILLS DRIVE
250
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KATZ, NICHOLAS
3001 CORAL HILLS DRIVE
250
CORAL SPRINGS, FL 33065 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
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: NICHOLAS C. KATZ

DR.

01/05/2011

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