

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000095723

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

2300 GLADES RD 201E  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2300 GLADES RD 201E  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 20-3207949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SONDERLING, HOWARD M.D.  
2300 GLADES RD 201EITE 200  
BOCA RATON, FL 33431 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: MD  
Name: DIGESTIVE DISEASE INSTITUTE, LLC  
Address: 2300 GLADES ROAD SUITE 201E  
City-St-Zip: BOCA RATON, FL 33431

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: DIGESTIVE DISEASE INSTITUTE/H. SONDERLING MD 02/17/2010

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