2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2011
Secretary of State

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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 Statues.

SIGNATURE: SHARON URSONE MS 01/26/2011

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