

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000101249

**FILED  
Jan 13, 2010  
Secretary of State**

**Entity Name:** DIGESTIVE DISEASES CARE FOR ALL LLC

**Current Principal Place of Business:**

3126 HIGHLANDS LAKEVIEW CIR  
LAKELAND, FL 33812 US

**New Principal Place of Business:**

**Current Mailing Address:**

3126 HIGHLANDS LAKEVIEW CIR  
LAKELAND, FL 33812 US

**New Mailing Address:**

**FEI Number:** 26-3589029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAQUE, MAHMUDUL  
3126 HIGHLANDS LAKEVIEW CIR  
LAKELAND, FL 33812 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: HAQUE, MAHMUDUL  
Address: 3126 HIGHLANDS LAKEVIEW CIR  
City-St-Zip: LAKELAND, FL 33812 US

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: MAHMUDUL HAQUE

MGRM

01/13/2010

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