

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000018006

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** SOMA DIGESTIVE DISEASE CENTER, LLC

**Current Principal Place of Business:**

3440 TAMiami TRAIL  
STE 1  
PT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

202 GEORGE RD  
PT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 26-1957890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOSEPH, SOVI  
202 GEORGE RD  
PT CHARLOTTE, FL 33952 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: MGR  
Name: JOSEPH, SOVI  
Address: 202 GEORGE RD  
City-St-Zip: PT CHARLOTTE, FL 33952

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: SOVI JOSEPH

DR

04/26/2012

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