2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2012
Secretary of State

DOCUMENT# L10000026757

Entity Name: NORTH COUNTY CENTER FOR DIGESTIVE HEALTH, LLC

Current Principal Place of Business:

1002 S. OLD DIXIE HWY., STE 201
JUPITER, FL 33485

New Principal Place of Business:

Current Mailing Address:

1002 S. OLD DIXIE HWY., STE 201
JUPITER, FL 33485

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:

FLAXMAN, MITCHELL S M.D.
1002 S. OLD DIXIE HWY., STE 201
JUPITER, FL 33485 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: 5431 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

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: LYLE SILVER CONT 04/06/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date