

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000218

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA DIGESTIVE DISEASE SPECIALISTS, LLC

**Current Principal Place of Business:**

11505 PALMBRUSH TRAIL, SUITE 200  
LAKEWOOD RANCH, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

11505 PALMBRUSH TRAIL, SUITE 200  
LAKEWOOD RANCH, FL 34202

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

KHAZANCHI, ARUN M.D.  
105 TRIPLE DIAMOND BLVD., SUITE 201  
NORTH VENICE, FL 34275 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: FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP  
Address: 105 TRIPLE DIAMOND BLVD., SUITE 201  
City-St-Zip: NORTH VENICE, FL 34275

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: VINCENT HAYES

COO

02/14/2012

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