2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2012
Secretary of State

DOCUMENT# L11000092966

Entity Name: FLORIDA DIGESTIVE HEALTH SPECIALISTS INFUSION, LLC

Current Principal Place of Business:

105 TRIPLE DIAMOND BLVD., SUITE 201
NORTH VENICE, FL 34275

New Principal Place of Business:

Current Mailing Address:

105 TRIPLE DIAMOND BLVD., SUITE 201
NORTH VENICE, FL 34275

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 Statues.

SIGNATURE: VINCENT HAYES COO 02/14/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date