

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000145122

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** DIGESTIVE DISEASE CONSULTANT OF S.FL LLC

**Current Principal Place of Business:**

1951 SW 172ND AVE  
SUITE 417  
MIRAMAR, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

5431 N. UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33067

**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:**

PALMER, DEAN DR  
1951 SW 172ND AVE  
SUITE 417  
MIRAMAR, FL 33312 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: PALMER, DEAN DR  
Address: 1951 SW 172ND AVE  
City-St-Zip: SUITE 417, FL 33312

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: LYLE SILVER

CONT

04/06/2012

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