2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000467

1. Entity Name
CENTER FOR DIGESTIVE HEALTH & PAIN MANAGEMENT, L

FILED
2001 JUN -1 PM 6:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12700 CREEKSIDE LANE. SUITE 202 FORT MYERS FL 33919	12700 CREEKSIDE LANE. SUITE 202 FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 60045 Suite, Apt. #, etc.
City & State	Ft. Myers, FL
Zip / Country	Zip 33906 / Country USA

4. FEI Number 65-0826680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KINI, MUKUND M.D. 12700 CREEKSIDE LANE, SUITE 202 FORT MYERS FL 33919 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PECK, DAVID 2255 GLADES ROAD, SUITE 416-A BOCA RATON FL 33431 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004341704--3 -060501--01045--025 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Center For Digestive Health, Inc 12700 Creekside Lane #202 Ft. Myers, FL 33919 MGRM ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004341704--3 -060501--01045--025 ******5.00 ******5.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GCEC ASC, LLC 23 Burkley Circle Ft. Myers, FL 33907. MGR ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sypert Institute, PA. 12700 Creekside Lane #101 Ft. Myers, FL 33919 MGR ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 4V
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 3/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #