2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2011
Secretary of State

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Entity Name: THE FT. MYERS DIGESTIVE HEALTH AND PAIN ASC, LLC

Current Principal Place of Business:

12700 CREEKSIDE LANE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

12700 CREEKSIDE LANE
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 62-1848758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'GRADY, ROBERT
12700 CREEKSIDE LANE
FORT MYERS, FL 33919 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: CENTER FOR DIGESTIVE HEALTH, INC.
Address: 12700 CREEKSIDE LANE
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM
Name: THE SYPERT INSTITUTE, P.A.
Address: 12700 CREEKSIDE LANE
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM
Name: PREMIER PAIN ASSOCIATES, LLC
Address: 12700 CREEKSIDE LANE
City-St-Zip: FORT MYERS, FL 33919

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: ROBERT O'GRADY CEO 03/03/2011

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