2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2013
Secretary of State
CC7218489636

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Entity Name: DIGESTIVE DISEASE CONSULTANTS, L.L.C.

Current Principal Place of Business:

2 SHIRCLIFF WAY
SUITE 435
JACKSONVILLE, FL 32204

Current Mailing Address:

2 SHIRCLIFF WAY
SUITE 435
JACKSONVILLE, FL 32204

FEI Number: 42-1656000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABBASSI, ABDI
1105 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082 US

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

Authorized Person(s) Detail :

Title	MGRM
Name	ABBASSI, ABDI
Address	2 SHIRCLIFF WAY #435
City-State-Zip:	JACKSONVILLE FL 32204

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ABDI ABBASSI MANAGER 01/28/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date