**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 29, 2019**
**Secretary of State**
**3899410478CC**

DOCUMENT# L04000094325

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

**Current Principal Place of Business:**

2151 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

**Current Mailing Address:**

2151 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 US

**FEI Number: 42-1656000**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ABBASSI, ABDI MD
2151 RIVERSIDE AVE
SUITE 301
JACKSONVILLE, FL 32204 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 | MGR |
| Name | ABBASSI, ABDI MD |
| Address | 2151 RIVERSIDE AVENUE |
| 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: ABDI ABBASSI MGR 03/29/2019

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