

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121534

Entity Name: DIGESTIVE DISEASE SPECIALISTS P.L.

Current Principal Place of Business:

11505 PALMBRUSH TRAIL
SUITE 200
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

11505 PALMBRUSH TRAIL
SUITE 200
LAKEWOOD RANCH, FL 34202 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHAZANCHI, ARUN MD
11505 PALMBRUSH TRAIL
SUITE 200
LAKEWOOD RANCH, FL 34202 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: ARUN KHAZANCHI

04/22/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name KHAZANCHI, ARUN MD
Address 11505 PALMBRUSH TRAIL
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

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: ARUN KHAZANCHI

MANAGER

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date