

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000101249

**Entity Name:** DIGESTIVE DISEASES CARE FOR ALL LLC

**Current Principal Place of Business:**

508 EAST GARDEN STREET  
LAKELAND, FL 33805

**Current Mailing Address:**

2759 ALTON PHILLIPS ROAD  
KINSTON, NC 28504 US

**FEI Number:** 26-3589029

**Certificate of Status Desired:** No

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

HAQUE, MAHMUDUL  
508 EAST GARDEN STREET  
LAKELAND, FL 33805 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 HAQUE, MAHMUDUL  
Address 508 EAST GARDEN STREET  
City-State-Zip: LAKELAND FL 33805

*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:** MAHMUDUL HAQUE

**PRESIDENT**

**01/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date