

2017 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:

3126 HIGHLANDS LAKEVIEW CIR
LAKELAND, FL 33812 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

MGM

02/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date