

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101249

Entity Name: DIGESTIVE DISEASES CARE FOR ALL LLC

Current Principal Place of Business:

2304 LAKELAND HILLS BLVD
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
3126 HIGHLANDS LAKEVIEW CIR
LAKELAND, FL 33812 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 3126 HIGHLANDS LAKEVIEW CIR
City-State-Zip: LAKELAND FL 33812

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: MAHMUDUL HAQUE

MANAGING MEMBER

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date