2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2018
Secretary of State
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Entity Name: DIGESTIVE CARE OF NORTH BROWARD, LLC

Current Principal Place of Business:

3001 CORAL HILLS DRIVE
SUITE 250
CORAL SPRINGS, FL 33065

Current Mailing Address:

5431 N UNIVERSITY DR
CORAL SPRINGS, FL 33067 US

FEI Number: 20-3207949

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STERNTHAL, MICHAEL MD
5431 N UNIVERSITY DR
CORAL SPRINGS, FL 33067 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: STERNTHAL, MICHAEL MD 03/15/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR	Title	MGRM
Name	STERNTHAL, MICHAEL MD	Name	GASTROCARE, LLP
Address	5431 N UNIVERSITY DR	Address	5431 N UNIVERSITY DR
City-State-Zip:	CORAL SPRINGS FL 33067	City-State-Zip:	CORAL SPRINGS FL 33067

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: LYLE SILVER CONTROLLER 03/15/2018

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