

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000189

**Entity Name:** RAMON E. COLINA, M.D., LLC

**Current Principal Place of Business:**

7126 BENEVA ROAD  
SARASOTA, FL 34238-2804

**Current Mailing Address:**

7126 BENEVA ROAD  
SARASOTA, FL 34238-2804

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

KHAZANCHI, ARUN M.D.  
105 TRIPLE DIAMOND BLVD., SUTIE 201  
NORTH VENICE, FL 34275 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 FLORIDA DIGESTIVE HEALTH  
SPECIALISTS, LLP  
Address 105 TRIPLE DIAMOND BLVD., SUITE  
201  
City-State-Zip: NORTH VENICE FL 34275

*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:** VINCENT HAYES

COO

02/22/2013

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

\_\_\_\_\_  
Date