

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040583

Entity Name: GASTRO ANESTHESIA PARTNERS, LLC

Current Principal Place of Business:

7600 S.W. 87TH AVENUE
SUITE #100
MIAMI, FL 33176

Current Mailing Address:

8950 N KENDALL DRIVE #306
MIAMI, FL 33176

FEI Number: 20-4726895

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KURZWEIL, HOWARD EESQ.
101 N.E. THIRD AVENUE
SUITE 1700
FT. LAUDERDALE, FL 33301 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 BEHAR, SIMON
Address 8950 N. KENDALL DR. #306
City-State-Zip: MIAMI FL 33176

Title MGRM
Name HERNANDEZ, EUGENIO
Address 8950 N. KENDALL DR. #306
City-State-Zip: MIAMI FL 33176

Title MGRM
Name HERNANDEZ, MOISES
Address 8950 N. KENDALL DR. #306
City-State-Zip: MIAMI FL 33176

Title MGRM
Name FERRER, JOSE
Address 8950 N. KENDALL DR. #306
City-State-Zip: MIAMI FL 33176

Title MGRM
Name FERRER, JOSE JR.
Address 8950 N. KENDALL DR. #306
City-State-Zip: MIAMI FL 33176

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: SIMON BEHAR

MGRM

04/02/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date