2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2016
Secretary of State
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Entity Name: CRAIG PELLER, M.D., LLC

Current Principal Place of Business:

301 NW 84TH AVE
SUITE 202
PLANTATION, FL 33324

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:

PELLER, CRAIG M.D.
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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR	Title	MGRM
Name	PELLER, CRAIG 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 03/08/2016

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