

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007978

**FILED**  
**Feb 15, 2005**  
**Secretary of State**

**Entity Name:** LUIS J. VICTORES GASTROENTEROLOGY, LLC

**Current Principal Place of Business:**

285 WEST 49TH STREET  
HIALEAH, FL 33012

**New Principal Place of Business:**

315 WEST 49 STREET  
A  
HIALEAH, FL 33012

**Current Mailing Address:**

285 WEST 49TH STREET  
HIALEAH, FL 33012

**New Mailing Address:**

315 WEST 49 STREET  
A  
HIALEAH, FL 33012

FEI Number: 65-1032927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VICTORES, LUIS J  
285 WEST 49TH STREET  
HIALEAH, FL 33012 US

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

VICTORES, LUIS J  
315 WEST 49 STREET  
A  
HIALEAH, FL 33012 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: \_\_\_\_\_

02/15/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: VICTORES, LUIS J  
Address: 285 WEST 49 STREET  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VICTORES, LUIS J  
Address: 315 WEST 49 STREET  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: LUIS J VICTORES

MGR

02/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date