

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 14, 2003 8:00 am  
Secretary of State

02-14-2003 90067 006 \*\*\*\*50.00



DOCUMENT # L00000007978

1. Entity Name  
LUIS J. VICTORES GASTROENTEROLOGY, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
285 W. 49 ST.  
Suite, Apt. #, etc.

3. Mailing Address  
285 W. 49 ST  
Suite, Apt. #, etc.

City & State  
Mialeah, Fla

City & State  
Mialeah, Fla.

Zip  
33012

Country  
USA

Zip  
33012

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Luis J. Victores* DATE

**FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Luis J. Victores, Gastroenterology LLC 285 West 49 ST. Mialeah, Fla. 33012</i>
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IN THIS SPACE**

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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* Date: *2/10/03* Daytime Phone #: *(305) 604426*