

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90160 014 \*\*\*\*50.00

DOCUMENT # *L01000005181*

1. Entity Name

VERO GASTROENTEROLOGY, LLC

**DO NOT WRITE IN THIS SPACE**

972033

2. Principal Place of Business  
777 37th Street

Suite, Apt. #, etc.  
Suite B-102

City & State  
Vero Beach, Florida

Zip  
32960-4888

Country  
United States

3. Mailing Address  
777 37th Street

Suite, Apt. #, etc.  
Suite B-102

City & State  
Vero Beach, Florida

Zip  
32960-4888

Country  
United States

4. FEI Number  
59-3715167

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
JOSEPH ZEREGA, M.D.

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

777 37th Street, Suite B-102

City  
Vero Beach

FL

Zip Code  
32960-4888

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.

SIGNATURE: *Joseph Zerega, M.D.* Joseph Zerega, M.D., Managing Member

7/30/02

Signature typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JOSEPH ZEREGA, M.D.  
777 37th Street, Suite B-102  
Vero Beach, FL 32960-4888

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CHARLES EBERHART  
777 37th Street, Suite B-102  
Vero Beach, FL 32960-4888

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GREGORY MacKAY, M.D.  
777 37th Street, Suite B-102  
Vero Beach, FL 32960-4888

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Joseph Zerega, M.D.* Joseph Zerega, M.D., Managing Member

7/30/02

772-299-3511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)