

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000005181

1. Entity Name
VERO GASTROENTEROLOGY, LLC



Principal Place of Business
**777 37TH STREET
SUITE B-104
VERO BEACH, FL 32960-4888**

Mailing Address
**777 37TH STREET
SUITE B-104
VERO BEACH, FL 32960-4888**



04152004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3715167

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZEREGA, JOSEPH M.D.
777 37TH STREET
SUITE B-104
VERO BEACH, FL 32960-4888**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

1000000127540
04/28/04-60002-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM ZEREGA, JOSEPH MD 777 37TH STREET STE B-104 VERO BEACH, FL 329604888
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM EBERHART, CHARLES 777 37TH STREET STE B-104 VERO BEACH, FL 329604888
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MACKAY, GREGORY MD 777 37TH STREET STE B-104 VERO BEACH, FL 329604888
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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. 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, MD.

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

4/20/04 (772) 299-3511

Date Daytime Phone #