


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L01000005181 1. Entity Name VERO GASTROENTEROLOGY, LLC |  |
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|--|--|
| 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01032005 No Chg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 59-3715167 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZEREGA, JOSEPH MD 777 37TH STREET STE B-104 VERO BEACH, FL 329604888 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EBERHART, CHARLES 777 37TH STREET STE B-104 VERO BEACH, FL 329604888 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MACKAY, GREGORY MD 777 37TH STREET STE B-104 VERO BEACH, FL 329604888 |
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01/10/05-80072-018 50.00

**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 M.D. Zerega **1/3/05 (772) 299-3511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #