

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 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



01062006No Chg-LLC

CR2E083 (11/05)

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000379912
01/10/06-80041-006 50.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Joseph Zerega, MD **JOSEPH ZEREGA** 1/6/06 772-899-3511