


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90185 020 ****50.00

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
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2. Principal Place of Business - No P.O. Box # 3745 11th Circle Suite, Apt. #, etc. Suite 101 City & State Vero Beach FL Zip 32960 Country USA	3. Mailing Address 3745 11th Circle Suite, Apt. #, etc. Suite 101 City & State Vero Beach Zip 32960 Country USA
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60030031



03062007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent ZEREGA, JOSEPH M.D. 777 37TH STREET SUITE B-104 VERO BEACH, FL 32960-4888	7. Name and Address of New Registered Agent Name Zerega, Joseph M.D. Street Address (P.O. Box Number is Not Acceptable) 3745 11th Circle Suite 101 City Vero Beach FL Zip Code 32960
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZEREGA, JOSEPH MD 777 37TH STREET STE B-104 VERO BEACH, FL 329604888 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Zerega, Joseph MD 3745 11th Circle Suite 101 Vero Beach, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EBERHART, CHARLES 777 37TH STREET STE B-104 VERO BEACH, FL 329604888 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Eberhart, Charles MD 3745 11th Circle Suite 101 Vero Beach, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACKAY, GREGORY MD 777 37TH STREET STE B-104 VERO BEACH, FL 329604888 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mackay, Gregory MD 3745 11th Circle Suite 101 Vero Beach, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE:

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

3/6/07 772-289-3511

Date Daytime Phone #