

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005181

FILED
Jul 07, 2008
Secretary of State

Entity Name: VERO GASTROENTEROLOGY, LLC

Current Principal Place of Business:

3745 11TH CIRCLE
SUITE 101
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

3745 11TH CIRCLE
SUITE 101
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 59-3715167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZEREGA, JOSEPH M.D.
3745 11TH CIRCLE
SUITE 101
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZEREGA, JOSEPH MD
Address: 3745 11TH CIRCLE SUITE 101
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: EBERHART, CHARLES
Address: 3745 11TH CIRCLE SUITE 101
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: MACKAY, GREGORY MD
Address: 3745 11TH CIRCLE SUITE 101
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

07/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date