2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005181

Entity Name: VERO GASTROENTEROLOGY, LLC

3745 11TH CIRCLE SUITE 101

VERO BEACH, FL 32960

Address:

City-St-Zip:

FILED Jul 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3745 11TH CIRCLE SUITE 101 VERO BEACH, FL 32960 US **New Mailing Address: Current Mailing Address:** 3745 11TH CIRCLE SUITE 101 VERO BEACH, FL 32960 US FEI Number: 59-3715167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZEREGA, JOSEPH M.D. 3745 11TH CIRCLE SUITE 101 VERO BEACH, FL 32960 US 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition ZEREGA, JOSEPH MD Name: Name: Address: 3745 11TH CIRCLE SUITE 101 Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: EBERHART, CHARLES Name: Address: 3745 11TH CIRCLE SUITE 101 Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MACKAY, GREGORY MD Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH ZEREGA MGRM 07/07/2008