


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90115 031 ****50.00

DOCUMENT # L01000020248					
1. Entity Name CREEKSIDE GASTROENTEROLOGY, L.L.C.					
Principal Place of Business 1041 RIDGEWOOD AVE. VENICE, FL 34292 34285			Mailing Address 1041 RIDGEWOOD AVE. VENICE, FL 34292 34285		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BETTERTON, GREG A 981 RIDGEWOOD AVE., STE. 101 VENICE, FL 34292				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	P FELMAN, ROBERT H			TITLE	1155 Kings Way Drive
NAME	<input type="checkbox"/> Delete			NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	887 MORGAN TOWNE WAY			STREET ADDRESS	Nokomis, FL 34275
CITY - ST - ZIP	VENICE, FL 34292			CITY - ST - ZIP	
TITLE	VP			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELMAN, JANETTE			NAME	"
STREET ADDRESS	887 MORGAN TOWNE WAY			STREET ADDRESS	
CITY - ST - ZIP	VENICE, FL 34292			CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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: <u>Robert Felman</u>				Date: <u>7/5/7</u> Daytime Phone #: <u>941 484-3557</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					