

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020248

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** CREEKSIDE GASTROENTEROLOGY, L.L.C.

**Current Principal Place of Business:**

1041 RIDGEWOOD AVE.  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

1041 RIDGEWOOD AVE.  
VENICE, FL 34285

**New Mailing Address:**

**FEI Number:** 65-1156121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BETTERTON, GREG A  
735 E. VENICE AVE., SUITE 200  
VENICE, FL 34285 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: P  
Name: FELMAN, ROBERT H  
Address: 1155 KINGS WAY DR  
City-St-Zip: NOKOMIS, FL 34275

Title: VP  
Name: FELMAN, JANETTE  
Address: 1155 KINGS WAY DR  
City-St-Zip: NOKOMIS, FL 34275

I hereby 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: ROBERT FELMAN, M.D.

PRES

01/05/2010

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