

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041068

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** THE COLON AND RECTAL CLINIC OF FORT LAUDERDALE, LLC

**Current Principal Place of Business:**

201 NW 82ND AVE  
302  
PLANTATION, FL 33324

**New Principal Place of Business:**

350 N PINE ISLAND ROAD  
300  
PLANTATION, FL 33324

**Current Mailing Address:**

965 N. NOB HILL RD. #408  
PLANTATION, FL 33342

**New Mailing Address:**

P.O. BOX 15466  
PLANTATION, FL 33318

**FEI Number:** 20-0690732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEUSCHEL, HERB E  
8211 W. BROWARD BLVD  
SUITE 340  
FORT LAUDERDALE, FL 33324 US

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

LAGO, CHARLES P  
350 N PINE ISLAND ROAD  
300  
PLANTATION, FL 33324 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: CHARLES P LAGO

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAGO, CHARLES P MD  
Address: 965 N. NOB HILL ROAD #408  
City-St-Zip: PLANTATION, FL 33342

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LAGO, CHARLES P MD  
Address: 350 N PINE ISLAND ROAD, STE 300  
City-St-Zip: PLANTATION, FL 33324

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: CHARLES P LAGO

MGRM

03/20/2009

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