

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000049849

FILED
Jul 05, 2005
Secretary of State

Entity Name: GASTROENTEROLOGY CARE CENTERS, LLC

Current Principal Place of Business:

7500 SW 87TH AVE, STE 200
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7500 SW 87TH AVE, STE 200
MIAMI, FL 33173

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOFFMAN, FREDERIC A ESQ
9400 S DADELAND BLVD, STE 600
MIAMI, FL 33156 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: FREDRIC A. HOFFMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: LEAVITT, JAMES S MD
Address: 7500 SW 87TH AVENUE, SUITE 200
City-St-Zip: MIAMI, FL 33173 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES S. LEAVITT, M.D.

MGR

07/05/2005

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