

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000049849

FILED
Jun 19, 2006
Secretary of State**Entity Name:** GASTRO HEALTH, P.L.**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:** 20-3400983**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOFFMAN, FREDERIC A ESQ
9400 S DADELAND BLVD, STE 600
MIAMI, FL 33156 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: PMGR () Delete
Name: LEAVITT, JAMES S MD
Address: 7500 SW 87TH AVENUE, SUITE 200
City-St-Zip: MIAMI, FL 33173 US

Title: TMGR () Delete
Name: BAIGORRI, FRANCISCO MD
Address: 7500 SW 87 AVENUE, SUITE 200
City-St-Zip: MIAMI, FL 33173 US

Title: SMGR () Delete
Name: ROSEN, SETH MD
Address: 6140 SW 70 STREET
City-St-Zip: MIAMI, FL 33143 US

Title: VMGR () Delete
Name: HERNANDEZ, EUGENIO J MD
Address: 4800 SW 8 STREET
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SMGR (X) Change () Addition
Name: BAIGORRI, FRANCISCO MD
Address: 7500 SW 87 AVENUE, SUITE 200
City-St-Zip: MIAMI, FL 33173 US

Title: TMGR (X) Change () Addition
Name: ROSEN, SETH MD
Address: 6140 SW 70 STREET
City-St-Zip: MIAMI, FL 33143 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES S LEAVITT MD

P

06/19/2006

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