2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2007
Secretary of State

DOCUMENT# L03000049849

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 ( )**
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:

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

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: JAMES LEAVITT, M.D. PMGR 06/08/2007

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