

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049849

Entity Name: GASTRO HEALTH, P.L.

FILED
Jan 05, 2012
Secretary of State

Current Principal Place of Business:

9500 S. DADELAND BLVD
SUITE 802
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9500 S. DADELAND BLVD
SUITE 802
MIAMI, FL 33156

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:

LEAVITT, JAMES MD
9415 SW 72 ST
SUITE 274
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

LEAVITT, JAMES MD
9500 S DADELAND BLVD
SUITE 802
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: JAMES LEAVITT

01/05/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PMGR
Name: LEAVITT, JAMES S MD
Address: 9500 S DADELAND BLVD, SUITE 802
City-St-Zip: MIAMI, FL 33156 US

Title: SMGR
Name: BAIGORRI, FRANCISCO MD
Address: 9500 S DADELAND BLVD, SUITE 802
City-St-Zip: MIAMI, FL 33156 US

Title: TMGR
Name: ROSEN, SETH MD
Address: 9500 S DADELAND BLVD, SUITE 802
City-St-Zip: MIAMI, FL 33156 US

Title: VMGR
Name: HERNANDEZ, EUGENIO J MD
Address: 9500 S DADELAND BLVD, SUITE 802
City-St-Zip: MIAMI, FL 33156 US

Title: MGR
Name: HERNANDEZ, RICHARD MD
Address: 9500 S DADELAND BLVD, SUITE 802
City-St-Zip: MIAMI, FL 33156 US

Title: MGR
Name: ROMAN, RICARDO MD
Address: 9500 S DADELAND BLVD, SUITE 802
City-St-Zip: MIAMI, FL 33156 US

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: JAMES LEAVITT

PMGR

01/05/2012

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