

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90032 050 ****50.00

DOCUMENT # L04000013558

1. Entity Name
GASTROENTEROLOGY FOR KIDS, P.L.



Principal Place of Business
**9800 S. HEALTHPARK DRIVE, STE. 102
FORT MYERS, FL 33908**

Mailing Address
**9800 S. HEALTHPARK DRIVE, STE. 102
FORT MYERS, FL 33908**

20039896



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

20-0796344

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELCHER, W. GUS II, ESQ
1375 JACKSON STREET, STE. 303
FORT MYERS, FL 33901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ROSIORU-ROSS, CHRISTIAN MD
3487 BROADWAY AVENUE
FORT MYERS, FL 33901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GANATRA, JAYSHREE MD
3487 BROADWAY AVENUE
FORT MYERS, FL 33901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/24/05