

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

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**



03092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0796344

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 is required when resigning.) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**1100000488525
04/17/06-80010-012 150.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ROSIORU-ROSS, CHRISTIAN MD 3487 BROADWAY AVENUE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GANATRA, JAYSHREE MD 3487 BROADWAY AVENUE FORT MYERS, FL 33901
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Day

Overnight Phone #