

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013558

FILED
Jan 09, 2007
Secretary of State

Entity Name: GASTROENTEROLOGY FOR KIDS, P.L.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0796344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELCHER, W. GUS II, ESQ
1375 JACKSON STREET, STE. 303
FORT MYERS, FL 33901 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: MGRM () Delete
Name: ROSIORU-ROSS, CHRISTIAN MD
Address: 3487 BROADWAY AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Delete
Name: GANATRA, JAYSHREE MD
Address: 3487 BROADWAY AVENUE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSIORU-ROSS, CHRISTIAN MD
Address: 9800 S. HEALTHPARK DRIVE, STE 102
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM (X) Change () Addition
Name: GANATRA, JAYSHREE MD
Address: 9800 S. HEALTHPARK DRIVE, STE 102
City-St-Zip: FORT MYERS, FL 33908

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: JAYSHREE GANATRA, M.D.

MGRM

01/09/2007

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