2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# L04000069133

Entity Name: CENTER FOR ADVANCED GASTROENTEROLOGY, PLLC

Current Principal Place of Business:

260 LOOKOUT PLACE
SUITE #201
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

260 LOOKOUT PLACE
SUITE #201
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 54-2160614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILAL, NADIA
1101 N MAITLAND AVE
MAITLAND, FL 32751 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: MGR ( ) Delete
Name: HILAL, T ALAL E MD
Address: 260 LOOKOUT PLACE ,SUITE # 201
City-St-Zip: MAITLAND, FL 32751

Title: MGRM ( ) Delete
Name: HILAL, RAOUF MD
Address: 260 LOOKOUT PLACE ,SUITE # 201
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: MUSHAHWAR, ANDRIA M MD
Address: 260 LOOKOUT PLACE , SUITE 201
City-St-Zip: MAITLAND, FL 32751

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: TALAL E HILAL MGR 03/04/2009

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