

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000022012**

1. Entity Name  
**TAMPA BAY GASTROENTEROLOGY CONSULTANTS,  
P.L.**



Principal Place of Business  
**4224 N. TAMPANIA AVE.  
TAMPA, FL 33607**

Mailing Address  
**4224 N. TAMPANIA AVE.  
TAMPA, FL 33607**



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>76-0782974</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**AYLWARD, ROBERT E  
600 S. MAGNOLIA AVE., SUITE 100  
TAMPA, FL 33606**

**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 required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000778869  
01/11/08-80014-020 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEIMAN, DAVID 4224 N TAMPANIA AVE TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEPARD, DAVID 4224 N TAMPANIA AVE TAMPA, FL 33607
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**DO NOT WRITE  
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

**David Heiman, MGRM**

**1/7/08**

Date

Daytime Phone #