

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074711

FILED  
Mar 17, 2008  
Secretary of State

**Entity Name:** GASTRO PHYSICIANS ENTERPRISES , LLC

**Current Principal Place of Business:**

260 LOOKOUT PLACE  
SUITE # 201  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

1101 N MAITLAND AVE  
SUITE # 2  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 55-0906062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILAL, NADIA A  
1101 N MAITLAND AVE  
SUITE #2  
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: MGRM ( ) Delete  
Name: NATH ENTERPRISE LLC,  
Address: 160 N SPRING LAKE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR ( ) Delete  
Name: WLT ENTERPRISES, LLC,  
Address: 1790 SUMMERLAND AVE  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NATH ENTERPRISES, LL, C  
Address: 160 N SPRING LAKE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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: NADIA HILAL - NATH ENTERPRISES , LLC

MGR

03/17/2008

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