

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089631

**FILED**  
**Mar 02, 2007**  
**Secretary of State**

**Entity Name:** CAPE CORAL GI PHYSICIANS, LLC

**Current Principal Place of Business:**

1806 MONTE VISTA STREET  
FORT MEYERS, FL 33901

**New Principal Place of Business:**

1806 MONTE VISTA STREET  
FORT MYERS, FL 33901

**Current Mailing Address:**

1806 MONTE VISTA STREET  
FORT MEYERS, FL 33901

**New Mailing Address:**

1806 MONTE VISTA STREET  
FORT MYERS, FL 33901

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

O'MAILIA, CHERYL A  
1806 MONTE VISTA STREET  
FORT MEYERS, FL 33901 US

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

O'MAILIA, CHERYL A  
1806 MONTE VISTA STREET  
FORT MYERS, FL 33901 US

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: CHERYL A. O'MAILIA

03/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: O'MAILIA, CHERYL A  
Address: 1806 MONTE VISTA STREET  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

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

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: CHERYL A. O'MAILIA

MGR.

03/02/2007

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