

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000040583

**FILED**  
**Feb 13, 2011**  
**Secretary of State**

**Entity Name:** GASTRO ANESTHESIA PARTNERS, LLC

**Current Principal Place of Business:**

5101 S.W. 8 STREET  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

8950 N KENDALL DRIVE #306  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 20-4726895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KURZWEIL, HOWARD E ESQ.  
101 N.E. THIRD AVENUE  
SUITE 1700  
FT. LAUDERDALE, FL 33301 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  
**Name:** BEHAR, SIMON  
**Address:** 8950 N. KENDALL DR. #306  
**City-St-Zip:** MIAMI, FL 33176 US

**Title:** MGRM  
**Name:** HERNANDEZ, EUGENIO  
**Address:** 8950 N. KENDALL DR. #306  
**City-St-Zip:** MIAMI, FL 33176

**Title:** MGRM  
**Name:** HERNANDEZ, MOISES  
**Address:** 8950 N. KENDALL DR. #306  
**City-St-Zip:** MIAMI, FL 33176

**Title:** MGRM  
**Name:** FERRER, JOSE  
**Address:** 8950 N. KENDALL DR. #306  
**City-St-Zip:** MIAMI, FL 33176

I hereby 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:** SIMON BEHAR

MGRM

02/13/2011

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