

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040583

FILED  
Jan 09, 2012  
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:**

7600 S.W. 87TH AVENUE  
SUITE #100  
MIAMI, FL 33176

**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

**Title:** MGRM  
**Name:** FERRER, JOSE JR.  
**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

01/09/2012

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