

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072501

Entity Name: GI HEALTHCARE, LLC

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

1117 N. OLIVE AVENUE, SUITE 201
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1117 N. OLIVE AVENUE, SUITE 201
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
250 AUSTRALIAN AVENUE SOUTH
SUITE 500
WEST PALM BEACH, FL 33401 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: MGR () Delete
Name: WENGER, JEFFREY S M.D.
Address: 1411 N. FLAGLER DRIVE, SUITE 7200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: NEIMARK, SIDNEY S M.D.
Address: 1411 N. FLAGLER DRIVE, SUITE 7200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: SENZATIMORE, SALVATORE JR M.D.
Address: 1117 N. OLIVE AVENUE, SUITE 201
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

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

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

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: JEFFREY WENGER

MGR

03/13/2009

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