2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000083370

FILED Jun 26, 2009 Secretary of State

Entity Name: CORAL RIDGE GASTROENTEROLOGY ASSOCIATES, LLC

Current Principal Place of Business: New Principal Place of Business: 5301 N. DIXIE HIGHWAY OAKLAND PARK, FL 33334 **Current Mailing Address: New Mailing Address:** 1900 GLADES ROAD SUITE 401 BOCA RATON, FL 33431 FEI Number: 26-1580698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MENKHAUS, DAVID J 1900 GLADES ROAD, SUITE 401 BOCA RATON, FL 33431 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BOTOMAN, ALIN V Name: Name: 2021 E COMMERCIAL BLVD #202 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WATSON, JOHN Name: Name: Address: 2500 E COMMERCIAL BLVD #C Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: Title: () Delete Title: MGR () Change (X) Addition BABAIAN, MANUEL Name: Name: Address: Address: 5301 N. DIXIE HIGHWAY City-St-Zip: City-St-Zip: OAKLAND PARK, FL 33334 Title: () Delete Title: MGR () Change (X) Addition Name: Name: BLOOM, JOHN Address: Address: 5301 N. DIXIE HIGHWAY City-St-Zip: City-St-Zip: OAKLAND PARK, FL 33334 Title: () Delete Title: () Change (X) Addition BONNER, GREGORY Name: Name: 5301 N. DIXIE HIGHWAY Address: Address: City-St-Zip: City-St-Zip: OAKLAND PARK, FL 33334 Title: () Delete Title: () Change (X) Addition KOSCHES, DANIEL Name: Name: Address: Address: 5301 N. DIXIE HIGHWAY OAKLAND PARK, FL 33334 City-St-Zip: 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: JOHN WATSON, M.D. MGRM 06/26/2009

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Additional Managers of Coral Ridge Gatroenterology Associates, LLC

Document Number L06000083370 EIN: 26-1580698

MGR Litzenblatt, Ira 5301 N. Dixie Highway Oakland Park, FL 33334

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