

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083370

FILED
Feb 23, 2011
Secretary of State

Entity Name: CORAL RIDGE GASTROENTEROLOGY ASSOCIATES, LLC

Current Principal Place of Business:

5301 N. DIXIE HIGHWAY
OAKLAND PARK, FL 33334

New Principal Place of Business:

5301 N. DIXIE HIGHWAY
SUITE 100
OAKLAND PARK, FL 33334

Current Mailing Address:

1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 26-1580698 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD, SUITE 401
BOCA RATON, FL 33431 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: BOTOMAN, ALIN V
Address: 2021 E COMMERCIAL BLVD #202
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM
Name: WATSON, JOHN
Address: 5301 N. DIXIE HIGHWAY, SUITE B
City-St-Zip: OAKLAND PARK, FL 333348

Title: MGR
Name: BABAIA, MANUEL
Address: 5301 N. DIXIE HIGHWAY
City-St-Zip: OAKLAND PARK, FL 33334

Title: MGR
Name: BLOOM, JOHN
Address: 5301 N. DIXIE HIGHWAY, SUITE B
City-St-Zip: OAKLAND PARK, FL 33334

Title: MGR
Name: BONNER, GREGORY
Address: 5301 N. DIXIE HIGHWAY
City-St-Zip: OAKLAND PARK, FL 33334

Title: MGR
Name: KOSCHES, DANIEL
Address: 5301 N. DIXIE HIGHWAY
City-St-Zip: OAKLAND PARK, FL 33334

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: JOHN WATSON

MGRM

02/23/2011

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