

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086034

FILED
Apr 07, 2009
Secretary of State

Entity Name: ANDREW H. ZWICK, M.D., LLC

Current Principal Place of Business:

5848 TOWN CENTER ROAD, #19
BOCA RATON, FL 33486

New Principal Place of Business:

5458 TOWN CENTER ROAD, #19
BOCA RATON, FL 33486

Current Mailing Address:

5848 TOWN CENTER ROAD, #19
BOCA RATON, FL 33486

New Mailing Address:

5458 TOWN CENTER ROAD, #19
BOCA RATON, FL 33486

FEI Number: 20-3207949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZWICK, ANDREW H M.D.
5848 TOWN CENTER ROAD, #19
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

ZWICK, ANDREW H M.D.
5458 TOWN CENTER ROAD, #19
BOCA RATON, FL 33486 US

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:

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GASTRO CARE, LLP, DB, A DIGESTIVECAR E
Address: 2902 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

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: LYLE SILVER

CONT

04/07/2009

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