

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90275 045 \*\*\*\*\*55.00

<b>DOCUMENT # L06000086101</b>					
<b>1. Entity Name</b> <b>GASTROENTEROLOGY CONSULTANTS, LLC</b>					
<b>Principal Place of Business</b> 3001 N.W. 49TH AVENUE, SUITE 310 LAUDERDALE LAKES, FL 33313			<b>Mailing Address</b> 3001 N.W. 49TH AVENUE, SUITE 310 LAUDERDALE LAKES, FL 33313		
<b>2. Principal Place of Business - No P.O. Box #</b> 8399 W. Oakland Park Blvd		<b>3. Mailing Address</b> 8399 W Oakland Park Blvd			
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc. Suite C		02122007    Chg-LLC    CR2E083 (12/06)	
City & State Sunrise FL		City & State Sunrise, FL		<b>4. FEI Number</b> 20-3207949	
Zip 33351		Country Broward		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KAUFMAN, NORMAN M.D. 3001 N.W. 49TH AVENUE, SUITE 310 LAUDERDALE LAKES, FL 33313			<b>7. Name and Address of New Registered Agent</b> Name: Kaufman Norman, M.D. Street Address (P.O. Box Number is Not Acceptable): 8399 W. Oakland Park Blvd Suite C City: Sunrise FL Zip Code: 33351		
<b>8. 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. I am familiar with, and accept the obligations of, the registered agent.</b>					
SIGNATURE: <i>Norman Kaufman</i> <small>Signature, typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 2/12/07	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GASTROCARE, LLP 2902 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>					
SIGNATURE: <i>Norman Kaufman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: 2/12/07    Daytime Phone #: (954) 747-9113	