2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: GASTROENTEROLOGY CONSULTANTS, LLC

Current Principal Place of Business:

8399 W OAKLAND PARK BLVD
STE C
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

8399 W OAKLAND PARK BLVD
STE C
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-3207949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAUFMAN, NORMAN M.D.
8399 W OAKLAND PARK BLVD STE C
C
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

NORMAN M. KAUFMAN, M.D.
8399 W OAKLAND PARK BLVD STE C
C
SUNRISE, FL 33351 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: NORMAN KAUFMAN, M.D. 01/06/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GASTROCARE, LLP
Address: 2902 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

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 Statues.

SIGNATURE: NORMAN M. KAUFMAN DR. 01/06/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date