

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086144

**FILED
Apr 13, 2011
Secretary of State**

Entity Name: PETER H. GACH, M.D., LLC

Current Principal Place of Business:

2825 N. STATE ROAD 7
SUITE 202
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2825 N. STATE ROAD 7
SUITE 202
MARGATE, FL 33063

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:

GACH, PETER H M.D.
2825 N. STATE ROAD 7, SUITE 202
POMPANO BEACH, FL 33063 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: 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 Statutes.

SIGNATURE: LYLE SILVER CONT 04/13/2011

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