

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086237

FILED
Feb 05, 2007
Secretary of State

Entity Name: HAHN AND ADLER, INTERNAL MEDICINE AND GASTROENTEROLOGY, LLC

Current Principal Place of Business:

7390 N.W. 5TH STREET, SUITE 5
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

7390 N.W. 5TH STREET, SUITE 5
PLANTATION, FL 33317

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:

HAHN, STEVEN M.D.
7390 N.W. 5TH STREET, SUITE 5
PLANTATION, FL 33317 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 () Delete
Name: GASTROCARE, LLP,
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 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: STEVEN HAHN

MD

02/05/2007

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