

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086237

FILED
Apr 10, 2008
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:

JEFFREY B HAHN, CPA
1515 N. FEDERAL HIGHWAY
300
BOCA RATON, FL 33432 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: JEFFREY HAHN, CPA

04/10/2008

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 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

P

04/10/2008

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