2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/28/2007-90065-047-$50.00-$50.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L06000086258

1. Entity Name

GASTROENTEROLOGY CONSULTANTS OF NORTH BROWARD, LLC

Principal Place of Business	Mailing Address
7431 NORTH UNIVERSITY DRIVE, SUITE 20 TAMARAC FL 33321	7431 NORTH UNIVERSITY DRIVE, SUITE 20 TAMARAC FL 33321

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

2nd MOORE CR2E083 (4/07)

4. FEI Number: 20-3207949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAMOND, KENNETH L 7431 NORTH UNIVERSITY DRIVE, SUITE 201 TAMARAC FL 33321	Name Street Address (P.O Box Number is Not Acceptable) City FL Zip Code

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 registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GASTROCARE, LLP		NAME		
STREET ADDRESS	2902 N. UNIVERSITY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: ______________________ 8/3/07 954 724 5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #