

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 27 PM 4: 25

DOCUMENT # L06000087454					
1. Entity Name BOCA RATON GASTROENTEROLOGY ASSOCIATES, LLC					
Principal Place of Business 9970 CENTRAL PARK BLVD., SUITE 101 BOCA RATON, FL 33428			Mailing Address 9970 CENTRAL PARK BLVD., SUITE 101 BOCA RATON, FL 33428		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2902 N. University Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Coral Springs, Florida		4. FEI Number 20-3207949	
Zip		Country 33065 USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENTHAL, KENNETH R M.D. 9970 CENTRAL PARK BLVD., SUITE 101 BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Name Joni Brown Street Address (P.O. Box Number is Not Acceptable) Digestive CARE, LLP 2902 N. University Drive City Coral Springs FL Zip Code 33065		
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 <u><i>Joni Brown</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/26/08</u>					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GASTROCARE, LLP 2902 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400121266584 03/25/08--01028--020 **277.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>David R. Luke</i></u>			2-26-08 954 344 2522		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		