

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087454

FILED
Apr 07, 2009
Secretary of State

Entity Name: BOCA RATON GASTROENTEROLOGY ASSOCIATES, LLC

Current Principal Place of Business:

9970 CENTRAL PARK BLVD., SUITE 101
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

2902 N. UNIVERSITY DR.
CORAL SPRINGS, FL 33065

New Mailing Address:

9970 CENTRAL PARK BLVD., SUITE 101
BOCA RATON, FL 33428

FEI Number: 20-3207949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JONI
DIGESTIVE CARE, LLP
2902 N. UNIVERSITY DR.
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

GASTROCARE LLP
DIGESTIVE CARE, LLP
2902 N. UNIVERSITY DR.
CORAL SPRINGS, FL 33065 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: LYLE SILVER

04/07/2009

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: LYLE SILVER

CONT

04/07/2009

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