

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089381

FILED
Apr 06, 2012
Secretary of State

Entity Name: SOUTH FLORIDA CENTER OF GASTROENTEROLOGY, LLC

Current Principal Place of Business:

10115 FOREST HILL BLVD., SUITE 100
WELLINGTON, FL 33414

New Principal Place of Business:

1447 MEDICAL PARK BLVD
SUITE 205
WELLINGTON, FL 33414

Current Mailing Address:

10115 FOREST HILL BLVD., SUITE 100
WELLINGTON, FL 33414

New Mailing Address:

1447 MEDICAL PARK BLVD
SUITE 205
WELLINGTON, FL 33414

FEI Number: 20-3207949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MATTHEW J D.O.
10115 FOREST HILL BLVD., SUITE 100
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SMITH, MATTHEW J D.O.
1447 MEDICAL PARK BLVD
SUITE 205
WELLINGTON, FL 33414 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: MATTEW SMITH, DO

04/06/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GASTROCARE, LLP
Address: 5431 N. UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby 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

04/06/2012

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