2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

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Entity Name: BACHAR DAHMAN, M.D., LLC

Current Principal Place of Business:

8395 W. OAKLAND PARK BLVD., SUITE B
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

8395 W. OAKLAND PARK BLVD., SUITE B
SUNRISE, FL 33351

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:

DAHMAN, BACHAR M .D.
8395 W. OAKLAND PARK BLVD., SUITE B
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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: ______________________________

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: MNGR (X) Change ( ) Addition
Name: GASTROCARE, LLP,
Address: 2902 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

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