

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90342 028 ****50.00

DOCUMENT # L06000104208

1. Entity Name

FLORIDA PEDIATRIC GASTROENTEROLOGY GROUP,
P.L.



Principal Place of Business

Mailing Address

1515 UNIVERSITY DRIVE, SUITE 203
CORAL SPRINGS FL 33071

1515 UNIVERSITY DRIVE, SUITE 203
CORAL SPRINGS FL 33071

2. Principal Place of Business - No P.O. Box #

10200 West State Road 84

3. Mailing Address

10200 West State Road 84

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Davie, FL

City & State

Davie, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

1st MOORE

CR2E083 (10/06)



4. FEI Number

20-8185493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, HAROLD E ESQ.
1515 UNIVERSITY DRIVE, SUITE 203
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name Andrew Edelstein, M.D.

Street Address (P.O. Box Number is Not Acceptable)

10200 West State Road 84

Suite 101

City

Davie

FL

Zip Code

33324

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

Andrew Edelstein

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-28-2007

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE Andrew R. Edelstein, Mgr. ☐ Delete
NAME 10200 State Road 84, Suite 101
STREET ADDRESS Davie, FL 33324
CITY-ST-ZIP

TITLE Jose M. Flores, Mgr. ☐ Delete
NAME 5800 Colonial Dr., Suite 405
STREET ADDRESS Margate, FL 33063
CITY-ST-ZIP

TITLE Luis Oliva, Mgr. ☐ Delete
NAME 9980 N. Central Park Blvd.
STREET ADDRESS Suite 202
CITY-ST-ZIP Boca Raton, FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Andrew R. Edelstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANDREW R. EDELSTEIN, MANAGER

3/28/07
2/08/07

954-577-7789

Date

Daytime Phone #