

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104208

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLORIDA PEDIATRIC GASTROENTEROLOGY GROUP, P.L.

Current Principal Place of Business:

10200 WEST ST RD 84
STE 101
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

10200 WEST ST RD 84
STE 101
DAVIE, FL 33324

New Mailing Address:

FEI Number: 20-8185493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVA, LUIS MD
9980 N. CENTRAL PARK BLVD., SUITE 202
BOCA RATON, FL 33428 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: MGR () Delete
Name: EDELSTEIN, ANDREW
Address: 10200 STATE RD 84 STE 101
City-St-Zip: DAVIE, FL 33324

Title: MGR () Delete
Name: FLORES, JOSE M
Address: 5800 COLONIAL DR STE 405
City-St-Zip: MARGATE, FL 33063

Title: MGR () Delete
Name: OLIVA, LUIS
Address: 9980 N CENTRAL PARK BLVD STE 202
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDREW R. EDELSTEIN

MGR

04/28/2009

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