

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044758

FILED
Aug 28, 2009
Secretary of State

Entity Name: GASTROENTEROLOGY ASSOCIATES OF BREVARD, LLC

Current Principal Place of Business:

1004 LONGWOOD AVENUE
SUITE A
ROCKLEDGE, FL 32955

New Principal Place of Business:

1004 LONGWOOD AVENUE
SUITE B
ROCKLEDGE, FL 32955

Current Mailing Address:

110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955

New Mailing Address:

110 LONGWOOD AVENUE
P O BOX 565002
ROCKLEDGE, FL 32955

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, EMIL
110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

BARRIE, LYNDIA KIRKLAND
GASTROENTEROLOGY ASSOCIATES OF BREVARD LLC
110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955 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: LYNDIA KIRKLAND BARRIE

08/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WUESTHOFF FAMILY PHYSICIANS, INC.
Address: 110 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

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: LYNDIA KIRKLAND BARRIE

VP

08/28/2009

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