

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045466

FILED
Apr 16, 2009
Secretary of State

Entity Name: GASTRO CARE ASSOCIATES, LLC

Current Principal Place of Business:

8211 CR 109 D-1
LADY LAKE, FL 32159

New Principal Place of Business:

316 SE 12TH ST., BLDG. 200
OCALA, FL 34471

Current Mailing Address:

8211 CR 109 D-1
LADY LAKE, FL 32159

New Mailing Address:

316 SE 12TH ST., BLDG. 200
OCALA, FL 34471

FEI Number: 26-2568894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAQUETTE, CANDY A
4310 SW 57TH AVE.
OCALA, FL 34474 US

Name and Address of New Registered Agent:

PAQUETTE, CANDY A
8260 JUNIPER RD. UNIT B
OCALA, FL 34480 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: CANDY A. PAQUETTE

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REDDY, VISHNU MD
Address: 11253 BRIDGEHOUSE RD
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: NAGABHAIRU, LALBAHADUR S MD
Address: 2060 N. DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: MGR (X) Delete
Name: BASKAR, SOUNDARAPANDIA MD
Address: 2060 N. DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: MGR (X) Delete
Name: PADMANABH, MUNIVENKATAPPA MD
Address: 2060 N. DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

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:

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: VISHNU P REDDY MD

MGR

04/16/2009

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