

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075613

FILED
Apr 21, 2011
Secretary of State

Entity Name: GI NURSE PRACTITIONERS OF SOUTH FLORIDA PL

Current Principal Place of Business:

2140 W. 68TH STREET STE. 300
HIALEAH, FL HIALEAH US

New Principal Place of Business:

Current Mailing Address:

2140 W. 68TH STREET STE. 300
HIALEAH, FL HIALEAH US

New Mailing Address:

FEI Number: 26-4108960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINA, MD, PA, VICTOR M
2140 W.68TH STREET STE. 300
HIALEAH, FL 33016 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
Name: PINA,MD PA, VICTOR M
Address: 2140 W. 68TH STREET STE. 300
City-St-Zip: HIALEAH, FL 33016 US

I hereby 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: VICTOR M PINA

MGRM

04/21/2011

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