

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086743

FILED
Mar 16, 2009
Secretary of State

Entity Name: CORAL REEF GASTROENTEROLOGY LLC

Current Principal Place of Business:

13832 US HIGHWAY 1
SEBASTIAN, FL 32958 US

New Principal Place of Business:

13000 US HIGHWAY 1
SUITE 5
SEBASTIAN, FL 32958 US

Current Mailing Address:

442 4TH AVENUE
INDIALANTIC, FL 32903 US

New Mailing Address:

13000 US HIGHWAY 1
SUITE 5
SEBASTIAN, FL 32958 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUSTOM FINANCIAL SOLUTIONS, INC.
442 4TH AVENUE
INDIALANTIC, FL, FL 32903 US

Name and Address of New Registered Agent:

WEALTH MANAGEMENT SYSTEMS
701E SEBASTIAN BLVD.
SEBASTIAN, FL 32958 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: KRISTIN M. LITTS, JD, LLM

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUIZ, FRANCISCO R
Address: 371 LANTERNBACK ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: RUIZ, MARGARITA N
Address: 371 LANTERNBACK ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

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: KRISTIN M. LITTS, JD, LLM

RA

03/16/2009

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