

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113143

FILED
Apr 02, 2009
Secretary of State

Entity Name: ADVANCE GASTROENTEROLOGY AND PULMONARY CARE, P.L.

Current Principal Place of Business:

17222 HOSPITAL BLVD., STE. 318
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

17222 HOSPITAL BLVD., STE. 318
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 26-3871268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AEBEL, ERIN SMITH ESQ.
SHUMAKER, LOOP & KENDRICK LLP
101 E. KENNEDY BLVD., STE. 2800
TAMPA, FL 33602 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: BIN-SAGHEER, SYED T DR.
Address: 13810 HAMILTON STREET
City-St-Zip: OMAHA, NE 68154

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BIN-SAGHEER, SYED T DR.
Address: 17222 HOSPITAL BLVD., STE. 318
City-St-Zip: BROOKSVILLE, FL 34601

Title: MGR () Change (X) Addition
Name: SAGHEER, FARAH DR.
Address: 17222 HOSPITAL BLVD., STE. 318
City-St-Zip: BROOKSVILLE, FL 34601

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: SYED T. BIN-SAGHEER, M.D.

MGR

04/02/2009

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