

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113143

FILED  
Apr 30, 2012  
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:**

17222 HOSPITAL BLVD.  
STE. 318  
BROOKSVILLE, FL 34601

**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:**

SHUMAKER, LOOP & KENDRICK LLP  
101 E. KENNEDY BLVD  
STE. 2800  
TAMPA, FL 33602 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: SHUMAKER LOOP AND KENDRICK

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

Title: MGR  
Name: BRIERLEY, AMANDA J  
Address: 17222 HOSPITAL BLVD. STE. 318  
City-St-Zip: BROOKSVILLE, FL 34601 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: AMANDA J BRIERLEY

MGR

04/30/2012

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