

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000074808

**FILED**  
**Jan 21, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED GASTROENTEROLOGY ASSOCIATES LLC

**Current Principal Place of Business:**

34041 US HWY 19 N  
SUITE A  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

34041 US HWY 19 N  
SUITE A  
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number:** 27-0677505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAUNK, JAWAHAR L  
34041 US HWY 19 N  
SUITE A  
PALM HARBOR, FL 34684 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: TAUNK, JAWAHAR L  
Address: 34041 US HWY 19 N, SUITE A  
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR  
Name: REDDY, TIYYAGURA  
Address: 34041 US HWY 19 NORTH, SUITE A  
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR  
Name: LAKSHMINARASIMHAN, VENU  
Address: 34041 US HWY 19 NORTH, SUITE A  
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR  
Name: AMIN, SANJIV  
Address: 34041 US HWY 19 NORTH, SUITE A  
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR  
Name: ZELIG, MICHAEL  
Address: 34041 US HWY 19 NORTH, SUITE A  
City-St-Zip: PALM HARBOR, FL 34684

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: JAWAHAR TAUNK

MGRM

01/21/2012

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