

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000113310

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** ROGER S. KOERNER, M.D. AND SHELDON J. TAUB, M.D. , LLC

**Current Principal Place of Business:**

210 JUPITER LAKES BLVD.  
STE 106  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

5431 N. UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

**FEI Number:** 20-3207949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAUB, SHELDON J M.D.  
210 JUPITER LAKES BLVD.  
STE 106  
JUPITER , FLORIDA, FL 33458 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: GASTROCARE, LLP  
Address: 5431 N. UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

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: LYLE SILVER

CONT

04/06/2012

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