

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000049849

**Entity Name:** GASTRO HEALTH, P.L.**Current Principal Place of Business:**9500 S. DADELAND BLVD  
SUITE 802  
MIAMI, FL 33156**Current Mailing Address:**9500 S. DADELAND BLVD  
SUITE 802  
MIAMI, FL 33156**FEI Number:** 20-3400983**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEAVITT, JAMES MD  
9500 S DADELAND BLVD  
SUITE 802  
MIAMI, FL 33156 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PMGR  
Name LEAVITT, JAMES SMD  
Address 9500 S DADELAND BLVD, SUITE 802  
City-State-Zip: MIAMI FL 33156

Title SMGR  
Name BAIGORRI, FRANCISCO MD  
Address 9500 S DADELAND BLVD, SUITE 802  
City-State-Zip: MIAMI FL 33156

Title TMGR  
Name ROSEN, SETH MD  
Address 9500 S DADELAND BLVD, SUITE 802  
City-State-Zip: MIAMI FL 33156

Title VMGR  
Name HERNANDEZ, EUGENIO JMD  
Address 9500 S DADELAND BLVD, SUITE 802  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name HERNANDEZ, RICHARD MD  
Address 9500 S DADELAND BLVD, SUITE 802  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name ROMAN, RICARDO MD  
Address 9500 S DADELAND BLVD, SUITE 802  
City-State-Zip: MIAMI FL 33156

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES LEAVITT**PRESIDENT****02/18/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date