

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086144

**Entity Name:** PETER H. GACH, M.D., LLC

**Current Principal Place of Business:**

2825 N. STATE ROAD 7  
SUITE 202  
MARGATE, FL 33063

**Current Mailing Address:**

5431 N UNIVERSITY DR  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 20-3207949

**Certificate of Status Desired:** No

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

GACH, PETER H MD  
2825 N. STATE ROAD 7  
SUITE 202  
MARGATE, FL 33063 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:** GACH, PETER H MD

02/21/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, MEMBER  
Name GACH, PETER H MD  
Address 2825 N. STATE ROAD 7  
SUITE 202  
City-State-Zip: MARGATE FL 33063

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GACH , PETER H , MD

MGR, MEMBER

02/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date