

2013 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:

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

FEI Number: 20-3207949

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GACH, PETER HM.D.
2825 N. STATE ROAD 7, SUITE 202
POMPANO BEACH, 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name GASTROCARE, LLP
Address 5431 N. UNIVERSITY DRIVE
City-State-Zip: CORAL SPRINGS FL 33067

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: GACH , PETER , HM.D.

MNGR

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date