

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000090281

Entity Name: GASTRO CARE SPECIALISTS LP, LLC**Current Principal Place of Business:**8600 SW 92ND STREET
SUITE A107
MIAMI, FL 33156**Current Mailing Address:**8600 SW 92ND STREET
SUITE A107
MIAMI, FL 33156 US**FEI Number:** 61-1669083**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** HOLLY JONES, ASSISTANT VICE PRESIDENT

04/25/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name SOBRADO, JAVIER M.D.
Address 8600 SW 92ND STREET
SUITE A107
City-State-Zip: MIAMI FL 33156

Title AUTHORIZED MEMBER
Name VELOSO, ANGEL M.D.
Address 7500 SW 8TH STREET
SUITE 309
City-State-Zip: MIAMI FL 33144

Title AUTHORIZED MEMBER
Name VARGAS, CARLOS A. M.D.
Address 11440 N. KENDALL DRIVE
SUITE 212
City-State-Zip: MIAMI FL 33176

Title AUTHORIZED MEMBER
Name VELOSO, ALEXANDER M.D.
Address 7500 SW 8TH STREET
SUITE 309
City-State-Zip: MIAMI FL 33144

Title AUTHORIZED MEMBER
Name MARIN, CRISTINA M.D.
Address 8600 SW 92ND STREET
SUITE A107
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAVIER SOBRADO, M.D.

MEMBER

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date