


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000038278
 1. Entity Name
 SOUTH PALM ENDOSCOPY CENTER, LLC



Principal Place of Business Mailing Address
 951 N.W. 13TH ST., STE. 2-E BOCA RATON, FL 33486
 951 N.W. 13TH ST., STE. 2-E BOCA RATON, FL 33486

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02262005 No Chg-LLC CR2E083 (10/03)
 4. FEI Number 20-0313969 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPDIRECT AGENTS, INC.
 103 N. MERIDIAN ST., LOWER LEVEL
 TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005


9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SALOMON, PETER
STREET ADDRESS	951 NW 13TH STREET NO 2E
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	MGRM
NAME	FISHMAN, ROBERT
STREET ADDRESS	951 NW 13TH STREET NO. 2E
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	MGRM
NAME	PROSCIA, VITO
STREET ADDRESS	951 NW 13TH STREET NO. 2E
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	MGRM
NAME	BLOOM, HENRY H
STREET ADDRESS	63 WEST MAIN STREET
CITY-ST-ZIP	FREEHOLD, NJ 07728
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  Henry H. Bloom 2/28/05 (732) 577-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #