

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L02000013758

**Entity Name:** LIVE OAK ENDOSCOPY CENTER, LLC

**Current Principal Place of Business:**

275 18TH STREET  
SUITE 101  
VERO BEACH, FL 32960-5541

**Current Mailing Address:**

275 18TH STREET  
SUITE 101  
VERO BEACH, FL 32960-5541

**FEI Number: 01-0709517**

**Certificate of Status Desired: No**

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

MCCORMACK, WILLIAM JMD  
275 18TH STREET  
SUITE 103  
VERO BEACH, FL 32960-5541 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 MCCORMACK, WILLIAM JM.D.  
Address 275 18TH STREET, STE. 103  
City-State-Zip: VERO BEACH FL 32960-5541

Title MGRM  
Name LUI, ALEC YM.D.  
Address 275 18TH STREET, STE. 102  
City-State-Zip: VERO BEACH FL 32960-5541

*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: WILLIAM J MCCORMACK**

**MGRM**

**10/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date