

2015 FLORIDA LIMITED LIABILITY COMPANY 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: Yes

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 MCGOVERN, ROBERT PM.D.
Address 805 37TH PLACE
City-State-Zip: VERO BEACH FL 32960

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, MD

CEO/OWNER/MD

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date