

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014057

Entity Name: SOUTH BROWARD ENDOSCOPY, L.L.C.

Current Principal Place of Business:

11011 SHERIDAN STREET
SUITE 106
COOPER CITY, FL 33026

Current Mailing Address:

2500 YORK ROAD
SUITE 300
JAMISON, PA 18929 US

FEI Number: 11-3685842

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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 PUGLISI, ROB
Address 2500 YORK ROAD
SUITE 300
City-State-Zip: JAMISON PA 18929

Title MGRM
Name KANER, JEFFREY MD
Address 2524 JARDIN DRIVE
City-State-Zip: WESTON FL 33327

Title MGRM
Name WEISS, DAVID MD
Address 222 EGRET CT
City-State-Zip: WESTON FL 33327

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: ROB PUGLISI

MGRM

03/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date