

**2013 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 PUBLIS, ROB  
Address 2500 YORK ROAD  
SUITE 300  
City-State-Zip: JAMISON PA 18929

Title MGRM  
Name SCHONFELD, WAYNE MD  
Address 943 N. SOUTHLAKE DR  
City-State-Zip: HOLLYWOOD FL 33019

Title MGRM  
Name KANER, JEFFREY MD  
Address 2524 JARDIN DRIVE  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROB PUBLIS

MGRM

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date