

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000099105

Entity Name: RIVERSIDE ENDOSCOPY CENTER LLC

Current Principal Place of Business:

2151 RIVERSIDE AVE
JACKSONVILLE, FL 32204

Current Mailing Address:

2151 RIVERSIDE AVE
JACKSONVILLE, FL 32204

FEI Number: 46-1567697

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABBASSI, ABDI DR.
2151 RIVERSIDE AVE
JACKSONVILLE, FL 32204 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 ABBASSI, ABDI DR.
Address 2151 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32204

Title MGRM
Name HAMEED, AJMAL DR.
Address 2151 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32204

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: ABDI ABBASSI

MGRM

04/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date