

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 04, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000007988

1. Entity Name
**CENTER FOR GASTROINTENSTINAL ENDOSCOPY,
L.L.C.**



Principal Place of Business
**1117 N. OLIVE AVENUE, SUITE 201
WEST PALM BEACH, FL 33401**

Mailing Address
**1117 N. OLIVE AVENUE, SUITE 201
WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE



05102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1020422

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WENGER, JEFFREY S M.D.
% JEFFREY S. WENGER, M.D., P.A.
1411 N. FLAGLER DR., SUITE 7200
WEST PALM BEACH, FL 33401**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee Is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENGER, JEFFREY S M.D. 1411 N. FLAGLER DRIVE, SUITE 7200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEIMARK, SIDNEY S M.D. 1411 N. FLAGLER DRIVE, SUITE 7200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SENZATIMORE, SLAVATORE 1117 N. OLIVE AVE STE 201 WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/04/07-80001-002 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #