

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007988

FILED
Jul 07, 2008
Secretary of State

Entity Name: CENTER FOR GASTROINTENSTINAL ENDOSCOPY, L.L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1020422 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New 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 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

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: WENGER, JEFFREY S M.D.
Address: 1411 N. FLAGLER DRIVE, SUITE 7200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: NEIMARK, SIDNEY S M.D.
Address: 1411 N. FLAGLER DRIVE, SUITE 7200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: SENZATIMORE, SLAVATORE
Address: 1117 N. OLIVE AVE STE 201
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: SIDNEY NEIMARK

MGR

07/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date