

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007988

FILED  
Mar 23, 2011  
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 ( )**

**Name and Address of Current Registered Agent:**

WENGER, JEFFREY S M.D.  
% JEFFREY S. WENGER, M.D., P.A.  
1117 NO OLIVE AVENUE SUITE 201  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR  
Name: WENGER, JEFFREY S M.D.  
Address: 1117 NO OLIVE AVENUE SUITE 201  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR  
Name: NEIMARK, SIDNEY S M.D.  
Address: 1117 NO OLIVE AVENUE SUITE 201  
City-St-Zip: WEST PALM BEACH, FL 33401

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

I hereby 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: JEFFREY S WENGER

MGR

03/23/2011

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