

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007988

FILED
Apr 10, 2012
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:

WENGER, JEFFREY S M.D.
1117 N OLIVE AVE SUITE 201
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:

04/10/2012

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, SALVATORE JR MD
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: SALVATORE SENZATIMORE JR MD

MGR

04/10/2012

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