

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90018 015 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000001729



1. Entity Name
CHARLOTTE ENDOSCOPIC SURGERY CENTER, LLC

Principal Place of Business
23970 SUNCOAST BLVD.
PORT CHARLOTTE, FL 33980 US

Mailing Address
1133 BAL HARBOR BLVD
1139 PMB 310
PUNTA GORDA, FL 33950

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

65-1071112

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

AMERICAN INFORMATION SERVICE, INC.
401 E JACKSON STREET STE 1700
TAMPA, FL 33602

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 remitting)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

		10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMONTREE, JAMES S MD		NAME YAREMO, THEODORE, MD
STREET ADDRESS	23970 SUNCOAST BLVD.		STREET ADDRESS 23970 SUNCOAST BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		CITY-ST-ZIP PORT CHARLOTTE, FL 33980
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOOPEN, MOIDEEN MD		NAME NASH, ERIC, MD
STREET ADDRESS	23970 SUNCOAST BLVD.		STREET ADDRESS 23970 SUNCOAST BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		CITY-ST-ZIP PORT CHARLOTTE, FL 33980
TITLE	MGRM	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, SOVI MD		
STREET ADDRESS	23970 SUNCOAST BLVD.		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		
TITLE	MGRM	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADHNARAGANAN, BALLAPURUM MD		
STREET ADDRESS	23970 SUNCOAST BLVD.		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		
TITLE	MGRM	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELLY, CHRISTOPHER MD		
STREET ADDRESS	23970 SUNCOAST BLVD.		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		
TITLE	MGRM	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUSMAN, NEIL MD M		
STREET ADDRESS	23970 SUNCOAST BLVD.		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/07

Date

Daytime Phone #