

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001729

FILED
Jan 15, 2010
Secretary of State

Entity Name: CHARLOTTE ENDOSCOPIC SURGERY CENTER, LLC

Current Principal Place of Business:

23970 SUNCOAST BLVD.
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

23970 SUNCOAST BLVD.
PORT CHARLOTTE, FL 33980 US

New Mailing Address:

FEI Number: 65-1071112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: MGRM
Name: AMONTREE, JAMES S MD
Address: 23970 SUNCOAST BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: MGRM
Name: MOOPEN, MOIDEEN MD
Address: 23970 SUNCOAST BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: MGRM
Name: JOSEPH, SOVI MD
Address: 23970 SUNCOAST BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: MGRM
Name: YAREMO, THEODORE MD
Address: 23970 SUNCOAST BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: MGRM
Name: NASH, ERIC MD
Address: 23970 SUNCOAST BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: MGRM
Name: ZUSMAN, NEIL MD M
Address: 23970 SUNCOAST BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33980

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: JAMES S AMONTREE, M.D.

PRES

01/15/2010

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