

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005890

FILED
Jan 19, 2009
Secretary of State

Entity Name: SOUTH FLORIDA CENTER FOR ENDOSCOPY & DIGESTIVE DISEASE, LLC

Current Principal Place of Business:

7875 SW 104TH ST
SUITE 201
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7875 SW 104TH ST
SUITE 201
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-1112489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAGEN, SHELDON D CPA
4601 SHERIDAN ST #210
HOLLYWOOD, FL 33021 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 () Delete
Name: GROSSMAN, PHILIP MD
Address: 1321 NW 14TH ST SUITE 101
City-St-Zip: MIAMI, FL 33125

Title: MGRM () Delete
Name: BRAND, BARRY MD
Address: 6140 SW 70TH ST. 2ND FLOOR
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: LANOFF, ROBERT MD
Address: 6140 SW 70TH STREET 2ND FL
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: ROSEN, SETH MD
Address: 6140 SW 70TH STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: ROSENKRANZ, NEIL MD
Address: 6140 SW 70TH STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: PRICE, STEVEN MD
Address: 1321 NW 14TH STREET SUITE 101
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GROSSMAN, PHILIP MD
Address: 7875 SW 104TH ST
City-St-Zip: MIAMI, FL 33156

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

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

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

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

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: PHILIP GROSSMAN MD

MGRM

01/19/2009

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