

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005890

FILED  
Feb 15, 2011  
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  
Name: GROSSMAN, PHILIP MD  
Address: 7875 SW 104TH ST  
City-St-Zip: MIAMI, FL 33156

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

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

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

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

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

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: PHILIP GROSSMAN MD

MGM

02/15/2011

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