

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007666

FILED  
Jan 17, 2006  
Secretary of State

Entity Name: ENDOSCOPY PARTNERS, L.L.C.

**Current Principal Place of Business:**

4800 S.W. 8TH STREET  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

4800 S.W. 8TH STREET  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-1144123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KURZWELIL, HOWARD E ESQ  
2151 LE JEUNE ROAD, MEZZANINE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

KURZWELIL, HOWARD E ESQ  
101 NORTHEAST THIRD AVE.  
TOWER 101, SUITE 1700  
FT. LAUDERDALE, FL 33301 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:

01/17/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HERNANDEZ, EUGENIO J MD  
Address: 4800 SW 8TH STREET  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: BEHAR, SIMON  
Address: 4800 S.W. 8TH STREET  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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 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: SIMON BEHAR

MGRM

01/17/2006

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