2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100007666

1. Entity Name

ENDOSCOPY PARTNERS, L.L.C.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90054 044 ****50.00

			The state of the s	9		
Principal Pla	ce of Business	Mailing Address		_		
4800 S.W. 8TH STREET CORAL GABLES FL 33134		4800 S.W. 8TH STREET CORAL GABLES FL 33134				
2. Principal	Place of Business	2 Mailine Add				
_	, and of Business	3. Mailing Address				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		☐ CHECK HEI	RE IF MAKING CHANGI	E\$
City & Sta	te	City & State		4. FEI Number 65-11441	23	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00	Not Applicable Additional
	6. Name and Address of Current	Registered Agent			Fee Requ	ired
KUR	ZWELIL, HOWARD E ESQ	· · · · · · · · · · · · · · · · · · ·	Name	7. Name and Address of New	Registered Agent	
2151	LE JEUNE ROAD, MEZZANINE VAL GABLES FL 33134		Street Addres	ss (P.O. Box Number is Not Acceptal	ole)	
0011	NE CUPERO I E 00104					
			City		FL Zip Co	
8. The above the obligat	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	s registered office or regis	stered agent, or both, in the State of I	lorida. I am familiar witl	n, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a				• •	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	TE: Registered Agent signature requi	ired when reinstating)	DATE	
		FILE N	OW!!! FEE IS \$50.00	0	-	
		Make Check Payab	le to Florida Departm	nent of State		
			ie By May 1, 2003			
9	MANAGING MEMBEI	RS/MANAGERS	10.	ADDITIONS	S/CHANGES	
TITLE NAME	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
STREET ADDRESS	HERNANDEZ, EUGENIO J MD		NAME			
CITY-ST-ZIP	4800 SW 8TH STREET		STREET ADDRESS			
TITLE	CORAL GABLES FL 33134 MGRM		CITY-ST-ZIP			
NAME	BEHAR, SIMON	☐ Delete	TITLE	· —	Channe	Addition
STREET ADDRESS	DEFIAN, SIMUN				☐ Change	L Addition
			NAME		☐ Change	L.J Addition
CITY-ST-ZIP	4800 S.W. 8TH STREET		STREET ADDRESS		☐ Criange	Li Addition
		T p.t.	STREET ADDRESS CITY-ST-ZIP		☐ Criange	
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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.



Daytime Phone #