2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000048

Entity Name: SUNCOAST ENDOSCOPY OF SARASOTA, L.L.C.

FILED Apr 02, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2089 HAWTHORNE STREET SUITE 100 SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

7131 CURTISS AVE SUITE 4 SARASOTA, FL 34231

FEI Number: 01-0713595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KUPERMAN, DOUGLAS A 7131 CURTISS AVE SUITE 4 SARASOTA, FL 34231 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

Name: KUPERMAN, DOUGLAS A M.D.
Address: 2089 HAWTHORNE STREET
City-St-Zip: SARASOTA, FL 34239 0

Title: MGR

Name: CORBETT, F. SCOTT M.D.
Address: 2089 HAWTHORNE STREET
City-St-Zip: SARASOTA, FL 34239 0

Title: MGR

Name: SOUTHERLAND, JOHN C M.D.
Address: 2089 HAWTHORNE STREET
City-St-Zip: SARASOTA, FL 34239

Title: MGR

Name: KALVARIA, ISAAC M.D.
Address: 2089 HAWTHORNE STREET
City-St-Zip: SARASOTA, FL 34239

Title: MGR

Name: APRILL, NORMAN M.D.
Address: 2089 HAWTHORNE STREET
City-St-Zip: SARASOTA, FL 34239

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 Statues.

SIGNATURE: DOUGLAS A. KUPERMAN MGR 04/02/2012