

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013758

FILED  
Jan 26, 2004  
Secretary of State

Entity Name: LIVE OAK ENDOSCOPY CENTER, LLC

## Current Principal Place of Business:

275 18TH STREET, STE. 101  
VERO BEACH, FL 329605541

## New Principal Place of Business:

275 18TH STREET  
SUITE 101  
VERO BEACH, FL 329605541

## Current Mailing Address:

275 18TH STREET, STE. 101  
VERO BEACH, FL 329605541

## New Mailing Address:

275 18TH STREET  
SUITE 101  
VERO BEACH, FL 329605541

FEI Number: 01-0709517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCORMACK, WILLIAM I MD  
275 18TH STREET, STE. 101  
VERO BEACH, FL 329605541

## Name and Address of New Registered Agent:

MCCORMACK, WILLIAM J MD  
275 18TH STREET  
SUITE 101  
VERO BEACH, FL 329605541

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: WILLIAM J MCCORMACK, MD

01/26/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: MCCORMACK, WILLIAM J M.D.  
Address: 275 18TH STREET, STE. 101  
City-St-Zip: VERO BEACH, FL 329605541

Title: MGRM ( ) Delete  
Name: MCGOVERN, ROBERT P M.D.  
Address: 805 37TH PLACE  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM ( ) Delete  
Name: LUI, ALEC Y M.D.  
Address: 275 18TH STREET, STE. 101  
City-St-Zip: VERO BEACH, FL 329605541

## ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: WILLIAM J MCCORMACK, MD

MGRM

01/26/2004

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