

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013758

FILED
Mar 07, 2005
Secretary of State

Entity Name: LIVE OAK ENDOSCOPY CENTER, LLC

Current Principal Place of Business:

275 18TH STREET
SUITE 101
VERO BEACH, FL 329605541

New Principal Place of Business:

Current Mailing Address:

275 18TH STREET
SUITE 101
VERO BEACH, FL 329605541

New Mailing Address:

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 J MD
275 18TH STREET
SUITE 101
VERO BEACH, FL 329605541 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/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: CAROL LOWE

MGR

03/07/2005

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