

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013758

FILED
Jan 13, 2010
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:

MCCORMACK, WILLIAM J MD
275 18TH STREET
SUITE 103
VERO BEACH, FL 329605541 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:

01/13/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MCCORMACK, WILLIAM J M.D.
Address: 275 18TH STREET, STE. 103
City-St-Zip: VERO BEACH, FL 329605541

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

Title: MGRM
Name: LUI, ALEC Y M.D.
Address: 275 18TH STREET, STE. 102
City-St-Zip: VERO BEACH, FL 329605541

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 Statutes.

SIGNATURE: WILLIAM J. MCCORMACK

MGRM

01/13/2010

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