

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013758

FILED
Jan 20, 2011
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 103
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/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, MD

MGRM

01/20/2011

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