2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/14/2003-90008-018-$50.00-$50.00

FILED

2003 JUL 15 PM 2:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

000754

DOCUMENT # L02000013758

1. Entity Name

LIVE OAK ENDOSCOPY CENTER, LLC

Principal Place of Business	Mailing Address
C/O DAVID P. NOVAK CHARTERED 849 20TH STREET VERO BEAH FL 32960	C/O DAVID P. NOVAK CHARTERED 849 20TH STREET VERO BEAH FL 32960

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
275 18TH STREET	275 18TH ST
Suite, Apt. #, etc. STE. 101	Suite, Apt. #, etc. SUITE 101
City & State VERO BEACH, FL	City & State VERO BEACH, FL
Zip 32960-5541	Zip 32960-5541
Country U.S.A.	Country U.S.A.

4. FEI Number 01-0709517 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVAK, DAVID P
C/O DAVID P. NOVAK CHARTERED
849 20TH STREET
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name c/o WILLIAM J. McCORMACK, M.D.

Street Address (P.O. Box Number is Not Acceptable)

275 18TH ST., SUITE 101

City VERO BEACH FL Zip Code 32960-5541

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE WILLIAM J. McCORMACK MD/CEO (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when reinstating) DATE 4/9/03

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WILLIAM J. McCORMACK, M.D. 275 18TH ST., SUITE 103 VERO BEACH, FL 32960-5541	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ROBERT P. McGOVERN, MD 805 31TH PLACE VERO BEACH, FL 32960	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGMR ALEC Y. LUI, MD 275 18TH ST., SUITE 102 VERO BEACH, FL 32960-5541	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED 4/9/03 (772)299-5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #