

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012969

FILED
Jan 12, 2009
Secretary of State

Entity Name: ENDOSCOPY ASSOCIATES OF TAMPA BAY, LLC

Current Principal Place of Business:

4620 N. HABANA AVENUE
SUITE 201
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4620 N. HABANA AVENUE
SUITE 201
TAMPA, FL 33614

New Mailing Address:

FEI Number: 11-3690522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYLWARD, ROBERT E
600 S. MAGNOLIA AVE., SUITE 100
TAMPA, FL 33606 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 () Delete
Name: CHIRCOP, COLIN T D.O.
Address: 731 ERIE AVE.
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: HEIMAN, DAVID R M.D.
Address: 4224 N. TAMPANIA AVE.
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, 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: COLIN CHIRCOP

DR

01/12/2009

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