## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000014057

City-St-Zip:

FORT LAUDERDALE, FL 33327

Entity Name: SOUTH BROWARD ENDOSCOPY, L.L.C.

FILED Jul 03, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11011 SHERIDAN STREET SUITE 106 COOPER CITY, FL 33026 **Current Mailing Address: New Mailing Address:** 1456 FERRY ROAD SUITE 305 DOYLESTOWN, PA 18901 FEI Number: 11-3685842 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete POISSON, JOHN Name: Name: Address: 1456 FERRY ROAD., SUITE 305 Address: City-St-Zip: DOYLESTOWN, PA 18901 City-St-Zip: Title: MGRM Title: ( ) Delete () Change () Addition Name: SCHONFELD, WAYNE MD Name: Address: 943 N. SOUTHLAKE DR Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition KANER, JEFFREY MD Name: KANER, JEFFREY MD Name: Address: 2524 JARDIN DRIVE Address: 2524 JARDIN DRIVE

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.

City-St-Zip:

WESTON, FL 33327

SIGNATURE: KAREN SABLYAK TRES 07/03/2007