

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014057

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

11011 SHERIDAN STREET
SUITE 106
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

1456 FERRY ROAD
SUITE 305
DOYLESTOWN, PA 18901

New Mailing Address:

FEI Number: 11-3685842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: POISSON, JOHN
Address: 1456 FERRY ROAD., SUITE 305
City-St-Zip: DOYLESTOWN, PA 18901

Title: MGRM () Delete
Name: SCHONFELD, WAYNE MD
Address: 943 N. SOUTHLAKE DR
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM () Delete
Name: KANER, JEFFREY MD
Address: 2524 JARDIN DRIVE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GILL, MELANIE
Address: 1456 FERRY ROAD, SUITE 305
City-St-Zip: DOYLESTOWN, PA 18901

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: MELANIE GILL

MGRM

04/15/2009

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