

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000014057

**FILED**  
**Apr 05, 2011**  
**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  
Name: GILL, MELANIE  
Address: 1456 FERRY ROAD, SUITE 305  
City-St-Zip: DOYLESTOWN, PA 18901

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

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

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: MELAINE GILL

MGRM

04/05/2011

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