

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011770

FILED
Jan 21, 2008
Secretary of State

Entity Name: PINELLAS ENDOSCOPY CENTER, LLC

Current Principal Place of Business:

1099 5TH AVE NORTH
SUITE 100
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1099 5TH AVE NORTH
SUITE 100
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 20-2626180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, GREGORY A
28050 U.S. 19 NORTH
SUITE 100
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

SMITH, TOM
150 2ND AVE. NO.
SUITE 1100
ST.PETERSBURG, FL 33701 US

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: TOM SMITH

01/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DESAI, CHETAN MD
Address: 3901 66TH STREET NORTH, SUITE 201
City-St-Zip: ST. PETERSBURG, FL 33709

Title: MGR () Delete
Name: PATEL, GIRISH MD
Address: 2191 9TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: MGR () Delete
Name: GLAMOUR, TEJINDER MD
Address: 5800 49TH STREET NORTH, SUITE 102S
City-St-Zip: ST. PETERSBURG, FL 33709

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHETAN DESAI, M.D.

PRES

01/21/2008

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