2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L04000011770

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:

SMITH, TOM
150 2ND AVE. NO.
SUITE 1100
ST.PETERSBURG, FL 33701 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:	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	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	PATEL, GIRISH MD	
Address:	212 16TH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	( ) Change (X) Addition
Name:	JACOB, POTHEN MD	
Address:	3901 66TH STREET NORTH, SUITE 201	
City-St-Zip:	ST.PETERSBURG, FL 33709	
Title:	MGR	( ) Change (X) Addition
Name:	SREENATH, BELUR MD	
Address:	3901 66TH STREET NORTH, SUITE 201	
City-St-Zip:	ST.PETERSBURG, FL 33709	
Title:	MGR	( ) Change (X) Addition
Name:	PATEL, MIHIR MD	
Address:	3901 66TH STREET NORTH, SUITE 201	
City-St-Zip:	ST.PETERSBURG, FL 33709	

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: LORI KNEPP ADMI 01/15/2009

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