

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011770

FILED
Jan 05, 2011
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 (X)

Name and Address of Current Registered Agent:

DESAI, CHETAN
1099 5TH AVE. NO
SUITE 100
ST.PETERSBURG, FL 33705 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
Name: DESAI, CHETAN MD
Address: 3901 66TH STREET NORTH, SUITE 201
City-St-Zip: ST. PETERSBURG, FL 33709

Title: MGR
Name: PATEL, GIRISH MD
Address: 212 16TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

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

Title: MGR
Name: JACOB, POTHEN MD
Address: 3901 66TH STREET NORTH, SUITE 201
City-St-Zip: ST.PETERSBURG, FL 33709

Title: MGR
Name: SREENATH, BELUR MD
Address: 3901 66TH STREET NORTH, SUITE 201
City-St-Zip: ST.PETERSBURG, FL 33709

Title: MGR
Name: PATEL, MIHIR MD
Address: 3901 66TH STREET NORTH, SUITE 201
City-St-Zip: ST.PETERSBURG, FL 33709

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: CHETAN DESAI MD

PRES

01/05/2011

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

11/13/2010 13:16 727

MOB ST. ANTHONY'S

PAGE 01/02

ST. PETERSBURG ENDOSCOPY CENTER

FACSIMILE TRANSMITTAL SHEET

TO:	Brenda Tablock	FROM:	Lori Knepp, BSN, RN, CGRN Administrator
COMPANY:	Florida Department of State Division	DATE:	1/5/2011
FAX NUMBER:	850-245-6030	TOTAL NO. OF PAGES INCLUDING COVER:	[Click here and type number of pages]
PHONE NUMBER:		YOUR REFERENCE NUMBER:	727 820-7500
RF:	Pinellas Endoscopy LLC	FAX NUMBER:	727 820-6333

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

NOTES/COMMENTS:

Ms Tablock,
I just filed Pinellas Endoscopy Center LLC corporate filings on line.
Document # L04000011770 FEI/EIN 202626180.
I am short one space for an additional MGR.
Please add:
Joseph Boulay MD
1201 5th Ave. No. Suite 306
St. Petersburg, FL 33705

Thank you

RECEIVED
11 JAN -5 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking any action in reliance upon this information by person or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and delete the material from any computer.

ST. PETERSBURG ENDOSCOPY CENTER
1099 5TH AVENUE NORTH, SUITE 100
ST. PETERSBURG, FLORIDA 33705