

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90354 003 ****50.00

DOCUMENT # L04000080241

1. Entity Name
GI CREATOR, LLC



Principal Place of Business
6400 W. NEWBERRY ROAD
SUITE 302
GAINESVILLE, FL 32605

Mailing Address
6400 W. NEWBERRY ROAD
SUITE 302
GAINESVILLE, FL 32605



03012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1841223

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNINSKY, CHARLES A M.D.
6400 W. NEWBERRY ROAD
SUITE 302
GAINESVILLE, FL 32605

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SNINSKY, CHARLES A M.D.
STREET ADDRESS 6400 W. NEWBERRY ROAD, SUITE 302
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE D
NAME BERRS, THOMAS R MD
STREET ADDRESS 6400 W. NEWBERRY ROAD, SUITE 302
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE D
NAME WAJSMAN, RENATA
STREET ADDRESS 6400 W. NEWBERRY ROAD, SUITE 302
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE D
NAME JOHNSON, SCOTT W
STREET ADDRESS 6400 W. NEWBERRY ROAD, SUITE 302
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-1-06