

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90250 014 \*\*\*138.75

**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**

**60013007**



02262008 No Chg-LLC

CR2E083 (12/07)

**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**

**DO NOT WRITE  
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:

*Charles A. Sninsky*  
Signature, typed or printed name of registered agent and state applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-27-08**

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
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:**

*Scott W Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/4/08**

**(352) 331-8902**