

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080241

Entity Name: GI CREATOR, LLC

FILED
Jan 04, 2011
Secretary of State

Current Principal Place of Business:

6400 W. NEWBERRY ROAD
SUITE 302
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6400 W. NEWBERRY ROAD
SUITE 302
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 20-1841223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNINSKY, CHARLES A M.D.
6400 W. NEWBERRY ROAD
SUITE 302
GAINESVILLE, FL 32605 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: SNINSKY, CHARLES A M.D.
Address: 6400 W. NEWBERRY ROAD, SUITE 302
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: BERRS, THOMAS R MD
Address: 6400 W. NEWBERRY ROAD, SUITE 302
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: WAJSMAN, RENATA
Address: 6400 W. NEWBERRY ROAD, SUITE 302
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: JOHNSON, SCOTT W
Address: 6400 W. NEWBERRY ROAD, SUITE 302
City-St-Zip: GAINESVILLE, FL 32605

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: SCOTT W. JOHNSON

D

01/04/2011

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