

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000080241

Entity Name: GI CREATOR, LLC

**FILED**  
**Mar 09, 2012**  
**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: CHARLES A SNINSKY

MGR

03/09/2012

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