

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004442

FILED
Mar 23, 2006
Secretary of State

Entity Name: ENDOSCOPIC THERAPIES, LLC

Current Principal Place of Business:

665 DEL PRADO BLVD.
CAPE CORAL, FL 33990

New Principal Place of Business:

665 DEL PRADO BLVD.
STE. 1
CAPE CORAL, FL 33990

Current Mailing Address:

665 DEL PRADO BLVD.
CAPE CORAL, FL 33990

New Mailing Address:

665 DEL PRADO BLVD.
STE 1
CAPE CORAL, FL 33990

FEI Number: 20-2183088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

KEITH, WILLIAM R MGMR
665 DEL PRADO BLVD.
STE. 1
CAPE CORAL, FL 33990 US

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: WILLIAM R. KEITH

03/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KEITH, WILLIAM R MD
Address: 665 DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM R. KEITH

MGMR

03/23/2006

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