



2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETAR
DIVISION

08 JAN 16 AM 8:58

DOCUMENT # L05000004442.			
1. Entity Name ENDOSCOPIC THERAPIES, LLC			
Principal Place of Business 665 DEL PRADO BLVD. STE. 1 CAPE CORAL, FL 33990		Mailing Address 665 DEL PRADO BLVD. STE 1 CAPE CORAL, FL 33990	
2. Principal Place of Business - No P.O. Box # 2721 Del Prado Blvd. Suite, Apt. #, etc. Suite 200		3. Mailing Address 2721 Del Prado Blvd Suite, Apt. #, etc. Suite 200	
City & State Cape Coral FL		City & State Cape Coral FL	
Zip 33904	Country US	Zip 33904	Country US
6. Name and Address of Current Registered Agent KEITH, WILLIAM R MGRM 665 DEL PRADO BLVD. STE. 1 CAPE CORAL, FL 33990		7. Name and Address of New Registered Agent Name Keith William R MGRM Street Address (P.O. Box Number is Not Acceptable) 2721 Del Prado Blvd Ste. 200 City Cape Coral FL Zip Code 33904	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEITH, WILLIAM R MD 665 DEL PRADO BLVD. CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Keith William R MD 2721 Del Prado Blvd Ste 200 Cape Coral, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300115188493 01/15/08--01029--006 **282.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		1/12/08 239-772-3636 x112	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

REINSTATEMENT 01-08