

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004442

FILED
Jan 10, 2011
Secretary of State

Entity Name: ENDOSCOPIC THERAPIES, LLC

Current Principal Place of Business:

2721 DEL PRADO BLVD
STE 200
CAPE CORAL, FL 33904

New Principal Place of Business:

2721 DEL PRADO BLVD. SOUTH
STE 200
CAPE CORAL, FL 33904

Current Mailing Address:

2721 DEL PRADO BLVD
STE 200
CAPE CORAL, FL 33904

New Mailing Address:

2721 DEL PRADO BLVD. SOUTH
STE 200
CAPE CORAL, FL 33904

FEI Number: 20-2183088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KEITH, WILLIAM R
2721 DEL PRADO BLVD
STE 200
CAPE CORAL, FL 33904 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: MGRM
Name: KEITH, WILLIAM R MD
Address: 2721 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904

Title: MGMR
Name: HARRIS, H. SCOTT
Address: 2721 DEL PRADO BLVD STE 200
City-St-Zip: CAPE CORAL, FL 33904

Title: MGMR
Name: TROPE, BRADLEY W
Address: 2721 DEL PRADO BLVD STE 200
City-St-Zip: CAPE CORAL, FL 33904

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: WILLIAM R KEITH MD

MGMR

01/10/2011

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