

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056555

FILED
Jan 07, 2011
Secretary of State

Entity Name: ST. PETERSBURG ENDOSCOPY CENTER, LLC

Current Principal Place of Business:

1099 FIFTH AVENUE NORTH
SUITE 100
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1099 FIFTH AVENUE NORTH
SUITE 100
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 20-3046109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DESAI, CHETAN
1099 5TH AVE. NO.
SUITE 100
ST. PETERSBURG, FL 33705 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: DESAI, CHETAN MD
Address: 3901 66TH ST. NO. #201
City-St-Zip: ST.PETERSBURG, FL 33710

Title: MGR
Name: GLAMOUR, TEJINDER MD
Address: 6225 66TH ST. NO.
City-St-Zip: PINELLAS PARK, FL 33710

Title: MGR
Name: BOULAY, JOSEPH MD
Address: 1201 5 AVENUE NORTH SUITE 306
City-St-Zip: ST.PETERSBURG, FL 33705

Title: MGR
Name: PATEL, GIRISH MD
Address: 212 16 STREET NORTH
City-St-Zip: ST.PETERSBURG, FL 33705

Title: MGR
Name: JACOB, POTHEN MD
Address: 3901 66 STREET NORTH SUITE 2011
City-St-Zip: ST.PETERSBURG, FL 33709

Title: MGR
Name: SREENATH, BELUR MD
Address: 3901 66 STREET NORTH, SUITE 201
City-St-Zip: ST.PETERSBURG, FL 33709

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: CHETAN DESAI MD

P

01/07/2011

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

L05000056555
ST. PETERSBURG ENDOSCOPY CENTER

FACSIMILE TRANSMITTAL SHEET

TO:	Brenda Tablock	FROM:	Lori Knepp, RN, CGRN, BSN Administrator
COMPANY:	Florida Department of State Division	DATE:	1/7/2011
FAX NUMBER:	850-245-6030	TOTAL NO. OF PAGES INCLUDING COVER:	Click here and type number of pages 4
PHONE NUMBER:		YOUR REFERENCE NUMBER:	727 820-7500
RE:	St.Petersburg Endoscopy Center	FAX NUMBER:	727 820-6333

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY

NOTES/COMMENTS:

Ms. Tablock,

We just filed St.Petersburg Endoscopy Center LLC corporate filing on line.
Document # L05000056555.

I am short two spaces for additional MGR.

Mihir Patel MD MGR
39011 66th St. No. # 201
St.Petersburg, FL 33710
St.Petersburg, FL 33705

&

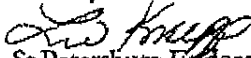
Susan Olds MGR
1200 7th Ave. No.
St.Petersburg, FL 33705

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN -7 PM 2:39

RECEIVED

Thank you,



St.Petersburg Endoscopy, Lori Knepp

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