

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056555

FILED  
Mar 20, 2012  
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:**

560 JACKSON STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33705

**Current Mailing Address:**

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

**New Mailing Address:**

560 JACKSON STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33705

**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 409  
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 201  
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

03/20/2012

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

## ST. PETERSBURG ENDOSCOPY CENTER

L05-56555

3/20/12

## FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Sean Toner	Lori Knepp, RN, CGRN, BSN Administrator
COMPANY:	DATE:
Florida Department of State Divisions	3/20/2012
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
850-245-6017	1
PHONE NUMBER:	YOUR REFERENCE NUMBER:
	727 820-7500
RL:	FAX NUMBER:
L05000056555	727 820-6333

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

## NOTES/COMMENTS

Mr. Toner,

I just filed St.Petersburg Endoscopy Center LLC corporate filing on line.

Document # L05000056555. Two additional MGR need to be added.

Please add:

Mihir Patel MD MGR

&amp;

Susan Oldis MGR

3901 66<sup>th</sup> St No. # 2011200 7<sup>th</sup> Ave No.

St.Petersburg, FL 33710

St.Petersburg, FL 33705

Thank you,

Lori Knepp, Administrator

St.Petersburg Endoscopy Center

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