


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

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|---|---|---------------------------------|--|---|--|
| DOCUMENT # L05000064061 | | | |  | |
| 1. Entity Name ENDOSCOPY CENTER OF GULF BREEZE, LLC | | | | | |
| Principal Place of Business 4810 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503 | | | Mailing Address 4810 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 43-2086670 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CARTEE, ALICE 4810 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503 | | | 7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| FL | | | Zip Code | | |
| 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 <i>X Alice Carter</i> | | | | DATE <i>X 3/14/07</i> | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SPEER, CARL 4810 N DAVIS HWY PENSACOLA, FL 32503 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARRIMAN, ROBERT 100 W MORENO PENSACOLA, FL 32501 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CARTEE, WAYNE 4810 N DAVIS HWY PENSACOLA, FL 32503 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PORTER, JOHN 1000 W MORENO PENSACOLA, FL 32501 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PORTER, JOHN 1000 W MORENO PENSACOLA, FL 32501 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PORTER, JOHN 1000 W MORENO PENSACOLA, FL 32501 | <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 <i>X Alice Carter</i> | | | | DATE <i>X 3/14/07</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |