

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064061

FILED
Apr 03, 2009
Secretary of State

Entity Name: ENDOSCOPY CENTER OF GULF BREEZE, LLC

Current Principal Place of Business:

111 GULF BREEZE PKWY
GULF BREEZE, FL 32561

New Principal Place of Business:

1116 GULF BREEZE PKWY
GULF BREEZE, FL 32561

Current Mailing Address:

4810 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 43-2086670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTEE, ALICE
4810 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503 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 () Delete
Name: SPEER, CARL
Address: 4810 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: MGR () Delete
Name: HARRIMAN, ROBERT
Address: 100 W MORENO
City-St-Zip: PENSACOLA, FL 32501

Title: MGR () Delete
Name: CARTEE, WAYNE
Address: 4810 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: MGR () Delete
Name: PORTER, JOHN
Address: 1000 W MORENO
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MOUNZER SOUED, MD

P

04/03/2009

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