

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000064061

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** ENDOSCOPY CENTER OF GULF BREEZE, LLC

**Current Principal Place of Business:**

1116 GULF BREEZE PKWY  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

4810 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32503

**New Mailing Address:**

4828 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32503

**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  
**Name:** SPEER, CARL  
**Address:** 4810 N DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32503

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

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

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

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:** KIM HALL

A/P

02/16/2010

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