2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000092722

Entity Name: CENTRAL FLORIDA ENDOSCOPY & SURGICAL INSTITUTE OF OCALA, LLC

Current Principal Place of Business:

5109 LATROBE DRIVE
WINDERMERE, FL 34786

New Principal Place of Business:

316 SE 12TH STREEET #200
OCALA, FL 34471

Current Mailing Address:

5109 LATROBE DRIVE
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 20-3520333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REDDY, VISHNU DR.
5109 LATROBE DRIVE
WINDERMERE, FL 34786 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PD ( ) Change (X) Addition
Name: REDDY, VISHNU P MD
Address: 5109 LATROBE DRIVE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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: VISHNU REDDY PD 04/28/2006

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