

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000092722

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

316 SE 12TH STREET #200  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

11253 BRIDGEHOUSE RD  
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.  
11253 BRIDGE HOUSE RD  
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: PD ( ) Delete  
Name: REDDY, VISHNU P MD  
Address: 11253 BRIDGEHOUSE RD  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

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: VISHNU REDDY

PD

04/27/2009

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