

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90042 046 \*\*\*\*50.00

<b>DOCUMENT # L06000061555</b> 1. Entity Name <b>PREMIER ENDOSCOPY CENTER, LLC</b>					
Principal Place of Business <b>1656 MEDICAL BLVD., SUITE 303 NAPLES, FL 34110</b>			Mailing Address <b>1656 MEDICAL BLVD., SUITE 303 NAPLES, FL 34110</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>301</b>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-5055187</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name <b>Steven A. Meckstroth</b> Street Address (P.O. Box Number is Not Acceptable) <b>1656 Medical Blvd Ste 301</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34110</b>		
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:  DATE: <b>4/21/07</b>					
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	<b>Member Managing Steven A Meckstroth 1656 Medical Blvd Ste 301 Naples, FL 34110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 606, Florida Statutes.					
SIGNATURE:			<b>Steven A. Meckstroth</b> <b>4/21/07</b> <b>239-297 9481</b>		
SIGNATURE AUTHORIZED FOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

Managing Member