

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035298

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: VILLAGES ENDOSCOPY & SURGICAL CENTER, L.L.C.

**Current Principal Place of Business:**

10900 S.E. 174TH PLACE  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

10900 S.E. 174TH PLACE  
SUMMERFIELD, FL 34491

**New Mailing Address:**

FEI Number: 20-8929840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PADMAN, MUNI M.D.  
601 E. DIXIE AVE., SUITE #1  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

PADMAN, MUNI M.D.  
10900 SE 174TH PLACE ROAD  
SUMMERFIELD, FL 34491 US

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: MUNI PADMAN

03/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PADMAN, MUNI M.D.  
Address: 601 E. DIXIE AVE., SUITE #1  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: NAGABHAIRU, LALBAHADUR S MD  
Address: 2060 N DONNELLY ST  
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM ( ) Change (X) Addition  
Name: BASKAR, SOUNDARAPANDIA MD  
Address: 2060 N DONNELLY ST  
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM ( ) Change (X) Addition  
Name: GABRIEL, NEHME MD  
Address: 10900 SE 174TH PLACE ROAD  
City-St-Zip: SUMMERFIELD, FL 34491

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: MUNI PADMAN

MGRM

03/26/2009

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