

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035298

FILED
Apr 26, 2011
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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.
10900 SE 174TH PLACE ROAD
SUMMERFIELD, FL 34491 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: MGRM
Name: PADMAN, MUNI M.D.
Address: 601 E. DIXIE AVE., SUITE #1
City-St-Zip: LEESBURG, FL 34748

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

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

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

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: MUNI PADMAN

MGRM

04/26/2011

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