

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088517

**FILED**  
**Mar 25, 2008**  
**Secretary of State**

**Entity Name:** GALLOWAY ENDOSCOPY CENTER, LLC

**Current Principal Place of Business:**

% PHYSICIANS ENDOSCOPY, LLC  
1456 FERRY ROAD, STE. 305  
DOYLESTOWN, PA 18901

**New Principal Place of Business:**

**Current Mailing Address:**

% PHYSICIANS ENDOSCOPY, LLC  
1456 FERRY ROAD, STE. 305  
DOYLESTOWN, PA 18901

**New Mailing Address:**

**FEI Number:** 26-0810912      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ( ) Delete  
**Name:** POISSON, JOHN  
**Address:** 1456 FERRY ROAD, STE. 305  
**City-St-Zip:** DOYLESTOWN, PA 18901

**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: JOHN POISSON

MGRM

03/25/2008

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