2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007391

Current Principal Place of Business:

Entity Name: FORT MYERS ENDOSCOPY CENTER, LLC

FILED Apr 28, 2009 Secretary of State

Date

5050 MASON CORBIN COURT FORT MYERS, FL 33907			
Current Mailing Address:		New Mailing Address:	
5050 MASON CORBIN COURT FORT MYERS, FL 33907		PO BOX 07430 FORT MYERS, FL 33919)
FEI Number: 80-0149158 FEI Nu	umber Applied For() FEI N	umber Not Applicable ()	Certificate of Status Desired ()
FEI Number: 80-0149158 FEI No Name and Address of Current	., ,,	umber Not Applicable () Name and Address of N	()

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

New Principal Place of Business:

Electronic Signature of Registered Agent

in the State of Florida.

SIGNATURE:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 CHAVAKULA, SURESH
 Name:

 Address:
 5050 MASON CORBIN COURT
 Address:

 City-St-Zip:
 FT. MYERS, FL 33907
 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: SURESH CHAVAKULA MGR 04/28/2009