

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080263

FILED
Feb 10, 2009
Secretary of State

Entity Name: ENDOSCOPY REPAIR CENTER, LLC

Current Principal Place of Business:

3915 JASMINE LN
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

3915 JASMINE LN
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 26-3214992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARANGO, RAFAEL A
3915 JASMINE LN
CORAL SPRINGS, FL 33065 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CFO () Change (X) Addition
Name: ARANGO, RAFAEL A
Address: 3915 JASMINE LN
City-St-Zip: CORAL SPRINGS, FL 33065

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: RAFAEL A. ARANGO

CFO

02/10/2009

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