

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000023325

FILED
Apr 05, 2011
Secretary of State

Entity Name: ENDO-SURGICAL CENTER OF FLORIDA, LLC

Current Principal Place of Business:

C/O PHYSICIANS ENDOSCOPY, LLC
1456 FERRY ROAD, SUITE 305
DOYLESTOWN, PA 18901

New Principal Place of Business:

Current Mailing Address:

C/O PHYSICIANS ENDOSCOPY, LLC
1456 FERRY ROAD, SUITE 305
DOYLESTOWN, PA 18901

New Mailing Address:

FEI Number: 27-2047909

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
Name: GILL, MELANIE
Address: 1456 FERRY ROAD, SUITE 305
City-St-Zip: DOYLESTOWN, PA 18901

Title: MGRM
Name: SEELA, SRINIVAS
Address: 2642 FAWN LAKE TRAIL
City-St-Zip: ORLANDO, FL 32828

Title: MGRM
Name: SHEELA, HARINATH
Address: 2838 DOVER GLEN CIRCLE
City-St-Zip: ORLANDO, FL 328287524

Title: MGRM
Name: RAMESH, SEELA
Address: 2626 TETON STONE RUN
City-St-Zip: ORLANDO, FL 32828

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: MELANIE GILL

MGRM

04/05/2011

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