

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000100415

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** ENDOSCOPY SERVICE CENTER OF THE AMERICAS, LLC

**Current Principal Place of Business:**

20101 NORTH EAST 16TH PLACE  
MIAMI, FL 33179

**New Principal Place of Business:**

20101 NORTH EAST 16TH PLACE  
MIAMI, FL 33179 UN

**Current Mailing Address:**

20101 NORTH EAST 16TH PLACE  
MIAMI, FL 33179

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

BURNETT, ROBERT J  
950 S PINE ISLAND ROAD  
SUITE A150  
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: MGR  
Name: CORREA, MICHAEL A  
Address: 20101 NORTH EAST 16TH PLACE  
City-St-Zip: MIAMI, FL 33179

Title: MGR  
Name: MOODY, KAREN L  
Address: 20101 NORTH EAST 16TH PLACE  
City-St-Zip: MIAMI, FL 33179

Title: MGR  
Name: ALDAY, LUIS  
Address: 20101 NORTH EAST 16TH PLACE  
City-St-Zip: MIAMI, FL 33179

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: LUIS ALDAY

MGR

04/25/2012

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