

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000145248

FILED
Apr 27, 2012
Secretary of State

Entity Name: CENTRAL FLORIDA ENDOSCOPY & SURGERY INSTITUTE, LLC

Current Principal Place of Business:

316 SE 12TH STREET
BUILDING #200
OCALA, FL 34471

New Principal Place of Business:

3256 S. PINE AVE.
OCALA, FL 34471

Current Mailing Address:

316 SE 12TH STREET
BUILDING #200
OCALA, FL 34471 US

New Mailing Address:

3256 S. PINE AVE.
OCALA, FL 34471 US

FEI Number: 45-4120224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDDY, SRIKAR P
11253 BRIDGEHOUSE RD
WINDERMERE, FL 34786 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: REDDY, SRIKAR P
Address: 11253 BRIDGEHOUSE RD
City-St-Zip: WINDERMERE, FL 34786 US

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: VISHNU REDDY

MGRM

04/27/2012

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