2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000983

Address:

1717 NORTH

City-St-Zip: PENSACOLA, FL 32501

Entity Name: THE ENDOSCOPY GROUP, L.L.C.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	TH DAVIS HIG DLA, FL 32503	HWAY		
Current Mailing Address:			New Mailing Address:	
	TH DAVIS HIG DLA, FL 32503	HWAY		
FEI Number	: 59-3519881	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
PENSACO The above	TH DAVIS HIG DLA, FL 32503	US	ourpose of changing its registere	ed office or registered agent, or both
SIGNATUI				
OIOINATOI		c Signature of Registered Ag	ent	 Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () SMITH, MIKE 5151 NORTH 9T PENSACOLA, F		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () ELMORE, BUDE 5151 N 9TH AVE PENSACOLA, F		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () FINELLI, D. SCO 5151 N 9TH AVE PENSACOLA, F	i e	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR () SPEER, CARL	Delete	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: BUDDY ELMORE 03/23/2009