2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000005696

1. Entity Name
GULF COAST ENDOSCOPY CENTER OF VENICE, LLC

Principal Place of Business	Mailing Address
1220 E. VENICE AVENUE VENICE, FL 34292-2151	1220 E. VENICE AVENUE VENICE, FL 34292-2151

01142008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0954372
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FELMAN, ROBERT H M.D.
1215 JACARANDA BLVD.
VENICE, FL 34292

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GROSSBARD, HOWARD M.D.
STREET ADDRESS	241 NOKOMIS AVE. S.
CITY-ST-ZIP	VENICE, FL 34285
TITLE	MGR
NAME	DEMASI, RON M.D.
STREET ADDRESS	232 ST. JAMES PARK
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	MGR
NAME	RAJA, JAY M.D.
STREET ADDRESS	7290 MAHASUTA KEY ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	MGR
NAME	FELMAN, ROBERT M.D.
STREET ADDRESS	1215 JACARARDA BLVD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	MGR
NAME	KONDAPALLI, RAVI M.D.
STREET ADDRESS	7945 MEADOWRUSH LOOP
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	MGR
NAME	DUMAS, PETER M.D.
STREET ADDRESS	1215 JACARANDA BLVD.
CITY-ST-ZIP	VENICE, FL 34292

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02/07/08-80041-008 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #