

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005696

FILED
Jan 05, 2010
Secretary of State

Entity Name: GULF COAST ENDOSCOPY CENTER OF VENICE, LLC

Current Principal Place of Business:

1220 E. VENICE AVENUE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

1220 E. VENICE AVENUE
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-0954372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELMAN, ROBERT H M.D.
1041 RIDGEWOOD AVE
VENICE, FL 34285 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: GROSSBARD, HOWARD M.D.
Address: 1041 RIDGEWOOD AVE
City-St-Zip: VENICE, FL 34285

Title: MGR
Name: DEMASI, RONALD M.D.
Address: 232 ST. JAMES PARK
City-St-Zip: OSPREY, FL 34229

Title: MGR
Name: RAJA, JAY M.D.
Address: 7290 MANASOTA KEY ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGR
Name: FELMAN, ROBERT M.D.
Address: 1041 RIDGEWOOD AVE
City-St-Zip: VENICE, FL 34285

Title: MGR
Name: KONDAPALLI, RAVI M.D.
Address: 7945 MEADOWRUSH LOOP
City-St-Zip: SARASOTA, FL 34238

Title: MGR
Name: DUMAS, PETER M.D.
Address: 1215 JACARANDA BLVD.
City-St-Zip: VENICE, FL 34292

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: ROBERT FELMAN

MGR

01/05/2010

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