

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056555

Entity Name: ST. PETERSBURG ENDOSCOPY CENTER, LLC

Current Principal Place of Business:

560 JACKSON STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33705

Current Mailing Address:

560 JACKSON STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33705

FEI Number: 20-3046109

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DESAI, CHETAN
560 JACKSON NO
SUITE 200
ST. PETERSBURG, FL 33705 US

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

Authorized Person(s) Detail :

Title MGR
Name DESAI, CHETAN MD
Address 3901 66TH ST. NO. #201
City-State-Zip: ST.PETERSBURG FL 33710

Title MGR
Name GLAMOUR, TEJINDER MD
Address 6225 66TH ST. NO.
City-State-Zip: PINELLAS PARK FL 33710

Title MGR
Name PATEL, GIRISH MD
Address 212 16 STREET NORTH
City-State-Zip: ST.PETERSBURG FL 33705

Title MGR
Name JACOB, POTHEN MD
Address 3901 66 STREET NORTH SUITE 201
City-State-Zip: ST.PETERSBURG FL 33709

Title MGR
Name PATEL, MIHIR MD
Address 3901 66 STREET NORTH SUITE 201
City-State-Zip: ST,PETERSBURG FL 33710

Title MGR
Name PATIL, ABHITABH
Address 3901 66 STREET NORTH SUITE 201
City-State-Zip: ST.PETERSBURG FL 33710

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHETAN DESAI MD

PRESIDENT

01/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date