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: STEVEN MECKSTROTH

MGR

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061555

Entity Name: PREMIER ENDOSCOPY CENTER, LLC

Current Principal Place of Business:

1656 MEDICAL BLVD 201 NAPLES, FL 34110

Current Mailing Address:

1656 MEDICAL BLVD 201 NAPLES, FL 34110

FEI Number: 20-5055187

Name and Address of Current Registered Agent:

MECKSTROTH, STEVEN A 1656 MEDICAL BLVD 201 NAPLES, FL 34110 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	of Registered Agent	
Electronic Orginatare c	n Registered Agent	

Authorized Person(s) Detail :

/ tatilon Eoa			
Title	MGR	Title	MGR
Name	SAMECKSTROTH ENTERPRISES, LLC	Name	WINZENRIED, GUY
Address	212 SAN MATEO DRIVE	Address	1656 MEDICAL BLVD STE 201
City-State-Zip:	BONITA SPRINGS FL 34134	City-State-Zip:	NAPLES FL 34110
Title	MGR		
Name	WIESEN, SCOTT & SUSAN		
Address	2186 KINGFISH ROAD		
City-State-Zip:	NAPLES FL 34102		

Certificate of Status Desired: No

FILED Feb 28, 2018 Secretary of State CC4197590398

> 02/28/2018 Date

Date