

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000068691

**Entity Name:** GI SURGICAL SPECIALISTS, PLLC

**Current Principal Place of Business:**

13710 METROPOLIS AVENUE  
SUITE 101  
FORT MYERS, FL 33912

**Current Mailing Address:**

GI SURGICAL SPECIALISTS, PLLC  
PO BOX 2818  
BONITA SPRINGS, FL 34133

**FEI Number:** 46-2750399

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DENK, PETER M  
13710 METROPOLIS AVENUE  
SUITE 101  
FORT MYERS, FL 33912 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 DENK, PETER M  
Address 362 EGRET AVE.  
City-State-Zip: NAPLES FL 34108

*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:** PETER MICHAEL DENK

MANAGER

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date