

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Ambulatory Center for Endoscopy, LLC

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 7600 River Road, Fourth Floor, North Bergen, NJ 07047

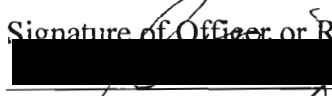
**Name of Agent Designated to Receive Notification of Claimed Infringement:** Renard Ruiz, MD

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
7600 River Road, Fourth Floor, North Bergen, NJ 07047

**Telephone Number of Designated Agent:** 201-705-1080

**Facsimile Number of Designated Agent:** 201-705-1091

**Email Address of Designated Agent:** INFO@Ace-Endoscopy.com

**Signature of Officer or Representative of the Designating Service Provider:**  
 Date: March 4, 2010

**Typed or Printed Name and Title:** Renard Ruiz, MD, Executive Administrator

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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