

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109764

FILED
Jan 18, 2006
Secretary of State

Entity Name: E STREET ENDOSCOPY, INC.

Current Principal Place of Business:

616 E STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

616 E ST
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3705426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, KIM
616 E. STREET
CLEARWATER, FL 33766 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BORISLOW M.D., DAVID
Address: 474 HARBOR DRIVE S,
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VP () Delete
Name: CHOUDHRY, UMESH MD
Address: 1773 LONG BOW LANE
City-St-Zip: CLEARWATER, FL 33764

Title: P () Delete
Name: DESAI, CHETAN M.D.
Address: 9174 WATER ASH LANE
City-St-Zip: PINELLAS PARK, FL 33782

Title: S () Delete
Name: BECKER, DAVID M.D.
Address: 3441 FAIRFIELD TRAIL
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BORISLOW M.D., DAVID
Address: 474 HARBOR DRIVE S,
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VP (X) Change () Addition
Name: BECKER, DAVID MD
Address: 355 12TH AVE NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P (X) Change () Addition
Name: KLEIN, HOWARD M.D.
Address: 5154 LOQUAT COURT
City-St-Zip: PALM HARBOR, FL 34685

Title: T (X) Change () Addition
Name: JACOB, POTHEN M.D.
Address: 2822 SANDPIPER PLACE
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM BARBER

_____ Electronic Signature of Signing Officer or Director

ADM

01/18/2006

_____ Date