

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 17, 2009  
Secretary of State**

DOCUMENT# P00000109764

Entity Name: E STREET ENDOSCOPY, INC.

**Current Principal Place of Business:**

616 E STREET  
A  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

616 E STREET  
A  
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  
SUITE A  
CLEARWATER, FL 33756 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

**OFFICERS AND DIRECTORS:**

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

Title: P                    ( ) Delete  
Name: BECKER, DAVID MD  
Address: 225 13TH AVE SOUTH  
City-St-Zip: SAFETY HARBOR, FL 34695

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

Title: D                    ( ) Delete  
Name: JACOB, POTHEN M.D.  
Address: 630 SAXONY BLVD  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VP                    ( ) Delete  
Name: SREENATH, BELUR MD  
Address: 10092 WINDTREE BLVD  
City-St-Zip: SEMINOLE, FL 33772

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

RA

06/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date