

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 14, 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: DAVID BECKER

PRES

08/14/2009

Electronic Signature of Signing Officer or Director

Date

Amended A/R accepted with no charge.

2 prior annual reports contained a signature not of

Attachment to Amended A/E

WEST COAST ENDOSCOPY CENTER

616 E Street • Clearwater, Florida 33756 • Phone: (727) 447-0888 • Fax: (727) 447-0903

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8/14/09



Additions to Annual Report
Document # P00000109764

Business Entity Name: E Street Endoscopy, Inc.

FEI Number 59-3705426

Additional Officer/Director Name and Address

#7

Title: SECRETARY

Name (last, First, Middle, Title) SONDIH, SATINDERPAL, M.D.

Street Address: 7710 Arlia Way

City, State: Largo, FL 33777

#8

Title: DIRECTOR

Name: Weiss, L. Michael, M.D.

Street Address: 5217 Enclave Drive

City, State: Oldsmar, FL 34677

#9

Title: DIRECTOR

Name: Desai, Chetan

Street: 9174 Water Ash Lane

City, State Pinellas Park, FL 33782

#10

Title: DIRECTOR

Name: Patel, Mihir

Street: 7766 Bent Grass Court

City, State: Largo, FL 33777