

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90212 038 ***150.00

DOCUMENT # P00000109764



1. Entity Name
E STREET ENDOSCOPY, INC.

Principal Place of Business
616 E STREET
CLEARWATER FL 33756

Mailing Address
508 JEFFORDS ST. SUITE D
CLEARWATER FL 33756



2. Principal Place of Business

3. Mailing Address

616 E Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Clearwater, FL

4. FEI Number 59-3705426

Applied For
Not Applicable

Zip Country

Zip Country

33756

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOX, GREGORY A
28050 US 19 N, SUITE 100
CLEARWATER FL 33761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME P WEISS, L. MICHAEL M.D.
STREET ADDRESS 5217 ENLCAVE DR
CITY-ST-ZIP OLDSMAR FL 34677

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME S CHOUDHRY, UMESH MD
STREET ADDRESS 1773 LONG BOW LANE
CITY-ST-ZIP CLEARWATER FL 33764

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME VP DESAI, CHETAN
STREET ADDRESS 9174 WATER ASH LANE
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME T KLEIN, HOWARD
STREET ADDRESS 5154 LOQUAT COURT
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/03 727-447-0888
Date Daytime Phone #

CR2E034 (10/02)