


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000106150</b>	
1. Entity Name <b>SUN COAST ENDOSCOPY, INC.</b>	

Principal Place of Business <b>6410 W. GULF TO LAKE HWY CRYSTAL RIVER, FL 34429</b>	Mailing Address <b>6410 W. GULF TO LAKE HWY CRYSTAL RIVER, FL 34429</b>
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**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0904043</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**HUGHES, J. ROBERT ESQ.  
220 MCKENZIE AVE  
PANAMA CITY, FL 32401**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAM, ANIL K 6410 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIKKASANI, P. R. 6410 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLSTERN, PAUL 6410 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUENO, FERNANDO 6410 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTENSSON, JOHANNES 6410 W GULF TO LAKE HWY. CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/08-80055-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_ *A. J. L. 2/15/08* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #