

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000048774

**Entity Name:** PHYSICIANS ENDOSCOPY HOLDINGS, INC.

**Current Principal Place of Business:**

616 E STREET  
SUITE A  
CLEARWATER, FL 33756

**Current Mailing Address:**

508 JEFFORDS STREET  
SUITE D  
CLEARWATER, FL 33756 US

**FEI Number: 59-3256800**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WEISS, L. MICHAEL  
508 JEFFORDS STREET, STE D  
CLEARWATER, FL 33756 US

*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

**Officer/Director Detail :**

Title D  
Name WEISS, L MICHAEL  
Address 616 E STREET, SUITE A  
City-State-Zip: CLEARWATER FL 33756

Title D  
Name KLEIN, HOWARD D  
Address 616 E STREET, SUITE A  
City-State-Zip: CLEARWATER FL 33756

Title D  
Name BECKER, DAVID J  
Address 616 E STREET, SUITE A  
City-State-Zip: CLEARWATER FL 33756

Title D  
Name CHOUDHRY, UMESH  
Address 616 E STREET, SUITE A  
City-State-Zip: CLEARWATER FL 33756

Title D  
Name DESAI, CHETAN K  
Address 616 E STREET, SUITE A  
City-State-Zip: CLEARWATER FL 33756

Title D  
Name JACOB, POTHEEN  
Address 616 E STREET, SUITE A  
City-State-Zip: CLEARWATER FL 33756

*I hereby 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 all other like empowered.*

**SIGNATURE: L MICHAEL WEISS**

**SECRETARY/TREASURER 01/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date