

2014 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:

616 E STREET
SUITE A
CLEARWATER, FL 33756

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

TREASURER

01/28/2014

Electronic Signature of Signing Officer/Director Detail

Date