

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000001371

1. Entity Name  
SARC/LARGO ENDOSCOPY, INC.



Principal Place of Business  
40 BURTON HILLS BLVD  
STE 500  
NASHVILLE, TN 37215

Mailing Address  
40 BURTON HILLS BLVD  
STE 500  
NASHVILLE, TN 37215



04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
46-0469157

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000148455  
05/03/04-80148-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KENNEDY, R. DALE  
40 BURTON HILLS BLVD STE 500  
NASHVILLE, TN 37215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
NEAL, CHARLES T  
40 BURTON HILLS BLVD STE 500  
NASHVILLE, TN 37215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ADLERZ, CLIFFORD C  
40 BURTON HILLS BLVD STE 500  
NASHVILLE, TN 37215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MITCHELL, KENNETH C  
40 BURTON HILLS BLVD STE 500  
NASHVILLE, TN 37215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BRANK, RONALD L  
40 BURTON HILLS BLVD STE 500  
NASHVILLE, TN 37215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WEBB, WILLIAM V  
40 BURTON HILLS BLVD STE 500  
NASHVILLE, TN 37215

**DO NOT WRITE  
IN THIS SPACE**

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:

*Kenneth C Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Kenneth C Mitchell* 4/28/04 615-234-5900