


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000004499</b> 1. Entity Name <b>AMERICAN ENDOSCOPY SERVICES, INC.</b>	
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Principal Place of Business <b>30 BURTON HILLS BLVD., SUITE 450 NASHVILLE, TN 37215</b>	Mailing Address <b>30 BURTON HILLS BLVD., SUITE 450 NASHVILLE, TN 37215</b>
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>62-1621369</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PCD HENRY, ROBERT E 30 BURTON HILLS BLVD., SUITE 450 NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUVALL, CYNTHIA 30 BURTON HILLS BLVD., SUITE 450 NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRAWFORD, JOHN 30 BURTON HILLS BLVD., SUITE 450 NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTS, JOSEPH 30 BURTON HILLS BLVD., SUITE 450 NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/25/05-80001-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Robert E. Henry, CEO/President** **January 15, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #