


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000004499
 1. Entity Name
AMERICAN ENDOSCOPY SERVICES, INC.



Principal Place of Business Mailing Address
15305 DALLAS PKWY., #1600 **15305 DALLAS PKWY., #1600**
ADDISON, TX 75001 **ADDISON, TX 75001**

DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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

000000842264
 03/11/08-80023-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO STEEN, DONALD E 15305 DALLAS PKWY #1600 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILCOX, WILLIAM H 15305 DALLAS PKWY #1600 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELLIK, JOHN J 15305 DALLAS PKWY #1600 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JENKINS, ALEX 15305 DALLAS PKWY #1600 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Alex Jenkins* **Alex Jenkins,** *2/21/08* **972**
 _____ **Secretary** _____ **713-351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #