


2004 FOR PROFIT CORPORATION ANNUAL REPORT

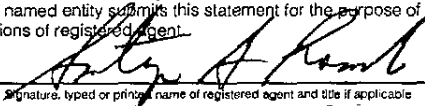
FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # K77658 1. Entity Name ST. AUGUSTINE ENDOSCOPY CENTER, INC.	
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Principal Place of Business 216 SOUTHPARK CIR ST. AUGUSTINE, FL 32086	Mailing Address 216 SOUTHPARK CIR ST. AUGUSTINE, FL 32086
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROSADO, SANTIAGO A 212 S. PARK CIRCLE EAST ST. AUGUSTINE, FL 32086	DO NOT WRITE IN THIS SPACE
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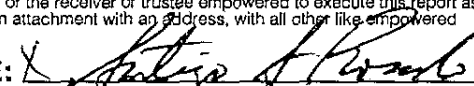
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: 2/25/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHIFF, MICHAEL D. 216 SOUTHPARK CIR E. ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSADO, SANTIAGO A 216 SOUTHPARK CIR E ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VILLANUEVA, STEVEN Y 216 SOUTHPARK CIR E SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAVACINI, TIMOTHY J 216 SOUTHPARK CIR E SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOROKA, STUART A 216 SOUTHPARK CIR E SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

400000068309
02/27/04-80036-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Santiago A. Rosado, M.D. 2/25/04 <small>Daytime Phone #</small> (904) 824-6108