2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K77658

FILED Feb 25, 2009 Secretary of State

Entity Name: ST. AUGUSTINE ENDOSCOPY CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 212 SOUTHPARK CIR E ST. AUGUSTINE, FL 32086 US **Current Mailing Address: New Mailing Address:** 212 SOUTHPARK CIR E ST. AUGUSTINE, FL 32086 US FEI Number: 59-2947745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSADO, SANTIAGO A ROSADO, SANTIAGO A 212 SOUTH PARK CIRCLE EAST 212 S. PARK CIRCLE EAST ST. AUGUSTINE, FL 32086 US ST. AUGUSTINE, FL 32086 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: 02/25/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ROSADO, SANTIAGO A Name: Name: 216 SOUTHPARK CIR E Address: Address: City-St-Zip: ST AUGUSTINE, FL City-St-Zip: Title: Title: () Delete () Change () Addition VILLANUEVA, STEVEN Y Name: Name: 216 SOUTHPARK CIR E Address: Address: SAINT AUGUSTINE, FL 32086 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition CAVACINI, TIMOTHY J Name: Name: 216 SOUTHPARK CIR E Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: () Delete Title: Title: () Change () Addition SOROKA, STUART A Name: Name: Address: 216 SOUTHPARK CIR E Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANTIAGO A ROSADO PRES 02/25/2009