2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K77658

FILED Mar 30, 2012 Secretary of State

Entity Name: ST. AUGUSTINE ENDOSCOPY CENTER, INC.

US

Current Principal Place of Business: New Principal Place of Business:

212 SOUTHPARK CIR E ST. AUGUSTINE, FL 32086

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 212 SOUTH PARK CIRCLE EAST ST. AUGUSTINE, FL 32086 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: ROSADO, SANTIAGO A Address: 212 SOUTHPARK CIR E City-St-Zip: ST AUGUSTINE, FL

Title: D

Name: VILLANUEVA, STEVEN Y
Address: 212 SOUTHPARK CIR E
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title:

 Name:
 CAVACINI, TIMOTHY J

 Address:
 212 SOUTHPARK CIR E

 City-St-Zip:
 SAINT AUGUSTINE, FL 32086

Title: [

 Name:
 SOROKA, STUART A

 Address:
 212 SOUTHPARK CIR E

 City-St-Zip:
 SAINT AUGUSTINE, FL 32086

Title: [

Name: BARLOW, WILLIAM J

Address: 212 SOUTHPARK CIRCLE EAST City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D

Name: GASSERT, DANIEL J

Address: 212 SOUTHPARK CIRCLE EAST City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: SANTIAGO ROSADO PD 03/30/2012