

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90325 011 ***150.00

DOCUMENT # L79924 1. Entity Name GULF COAST ENDOSCOPY CENTER, INC.					
Principal Place of Business 665 DEL PRADO BLVD.NORTH CAPE CORAL, FL 33990 US			Mailing Address 665 DEL PRADO BLVD.NORTH CAPE CORAL, FL 33990 US		
2. Principal Place of Business 7152 COCA SABAL LA. Suite, Apt. #, etc.		3. Mailing Address 7152 COCA SABAL LA. Suite, Apt. #, etc.			
City & State FORT MYERS, FL Zip 33908		City & State FORT MYERS, FL Zip 33908		4. FEI Number 65-0207116	
Country LEE		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VOGTLAND, HEINZ D 665 DEL PRADO BLVD S CAPE CORAL, FL 33990			7. Name and Address of New Registered Agent Name PENUEL, JAMES W., JR Street Address (P.O. Box Number is Not Acceptable) 7152 COCA SABAL LANE City FORT MYERS FL Zip Code 33908		
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 James W Penuel Jr 4/16/04 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, KEITH R JR 23 BARKLEY CIRCLE FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENUEL, JAMES W. 7152 COCA SABAL LANE FORT MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLPER, JAMES C. 665 DEL PRADO BLVD. CAPE CORAL, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP YUDELMAN, PAUL L 23 BARKLEY CIR FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YUDELMAN, PAUL L. 7152 COCA SABAL LANE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, SCOTT H 665 DEL PRADO BLVD. CAPE CORAL, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DADRAT, ANDREA 23 BARKLEY CIR FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DADRAT, ANDREE A. 7152 COCA SABAL LANE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'KONSKI, MARK S 23 BARKLEY CIRCLE FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'KONSKI, MARK S. 7152 COCA SABAL LANE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: JAMES PENUEL 4/16/04 239 939 9935 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					