

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L79924

1. Entity Name
GULF COAST ENDOSCOPY CENTER, INC.



Principal Place of Business
**7152 COCA SABAL LA.
FORT MYERS, FL 33908 US**

Mailing Address
**7152 COCA SABAL LA.
FORT MYERS, FL 33908 US**



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0207116	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

**PENUEL, JAMES W JR.
7152 COCA SABAL LA.
FORT MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

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 Penuel
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

1/28/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENUEL, JAMES W
STREET ADDRESS	7152 COCA SABAL LANE
CITY-ST-ZIP	FORT MYERS, FL 33908

TITLE	D
NAME	YUDELMAN, PAUL L
STREET ADDRESS	7151 COCA SABLE LANE
CITY-ST-ZIP	FORT MYERS, FL 33908

TITLE	D
NAME	DADRAT, ANDREA
STREET ADDRESS	7152 COCA SABAL LA.
CITY-ST-ZIP	FORT MYERS, FL 33908

TITLE	D
NAME	O'KONSKI, MARK S
STREET ADDRESS	7152 COCA SABAL LA.
CITY-ST-ZIP	FORT MYERS, FL 33908

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Penuel
1/28/05

Date

Daytime Phone #

239-939-9938