

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79924

FILED  
Feb 13, 2012  
Secretary of State

**Entity Name:** GULF COAST ENDOSCOPY CENTER, INC.

**Current Principal Place of Business:**

7152 COCA SABAL LA.  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

7152 COCA SABAL LA.  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 65-0207116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: D  
Name: PENUEL, JAMES W  
Address: 7152 COCA SABAL LANE  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: YUDELMAN, PAUL L  
Address: 7151 COCA SABLE LANE  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: DADRAT, ANDREE  
Address: 7152 COCA SABAL LA.  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: O'KONSKI, MARK S  
Address: 7152 COCA SABAL LA.  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: HERRERA, JUAN G  
Address: 7152 CORA SABAL LANE  
City-St-Zip: FORT MYERS, FL 33908

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: PATTI REIGLE

ADMI

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date