

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90032 003 ***150.00

DOCUMENT # P00000038280

1. Entity Name
THE CENTER FOR ENDOSCOPY, INC.



Principal Place of Business
**3325 S. TAMiami TR.
SARASOTA, FL 34239**

Mailing Address
**3325 S. TAMiami TR.
SARASOTA, FL 34239**

60018844



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-1010956

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BADII, CYRUS MD
3325 S. TAMiami TR.
SARASOTA, FL 34239**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LOEWE, CHARLES MD**
STREET ADDRESS **3325 S. TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BADII, CYRUS MD**
STREET ADDRESS **3325 S. TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MEM** ☐ Delete
NAME **BAIRDEY, ALLEN A MD**
STREET ADDRESS **3325 S. TAMiami TRAIL SUITE 100**
CITY-ST-ZIP **SARASOTA, FL 34275**

TITLE ☒ Change ☐ Addition
NAME **Allen A. Baidey, MD**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MEM** ☐ Delete
NAME **KHAZAMCHI, ARUN P MD**
STREET ADDRESS **3325 S. TAMiami TRAIL SUITE 100**
CITY-ST-ZIP **SARASOTA, FL 34275**

TITLE ☒ Change ☐ Addition
NAME **Arun P. Khazanchi MD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Charles J. Lowe, MD

Date

02/20/07

Daytime Phone #

941-562-3480