2002 UNIFORM BUSINESS REPORT (UBR)

Jul 23, 2002 8:00 am Secretary of State P00000109764 DOCUMENT # 1. Entity Name 07-23-2002 90323 004 ***150.00 E STREET ENDOSCOPY, INC. Principal Place of Business Mailing Address 616 E STREET 508 JEFFORDS ST. SUITE D CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable 37054 2.6 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOX, GREGORY A Street Address (P.O. Box Number is Not Acceptable) 28050 US 19 N, SUITE 100 CLEARWATER FL 33761 City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition WEISS, L. MICHAEL M.D. NAME 5217 ENLCAVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition Choudhry, umesh M.D. CHOODHRY, UMESH M.D. NAME NAME 1773 LONG BOW LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33764 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAMÉ DESAI, CHETAN NAME STREET ADDRESS 9174:WATER-ASH:LANE STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33782 CITY-ST-ZIP TITLE ☐ Delete TITLE KLEIN, HOWARD NAME NAME 5154 LOQUAT COURT STREET ADDRESS 5154 COQUAT CT STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. ike empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

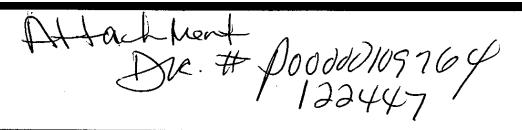
CITY-ST-ZIP

☐ Delete

☐ Change

■ Addition

FILED



WEST COAST ENDOSCOPY CENTER

7/10/2002

Division of Corporations P.O. Box 1500 Tallahassee, FL. 32302-1500 RE: Document #P00000109764

To whom it may concern,

This is the first notice our E Street Endoscopy, Inc. has received concerning the Uniform Business Report. Enclosed you will find a check for \$150.00 filing fee you requested.

Thank you

L'Michael Wess IKB

L. Michael Weiss President

> 616 E Street Clearwater, FL33756

Phone: (727)447-0888 Fax: (727) 447-0080