

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109764

Entity Name: E STREET ENDOSCOPY, INC.

FILED  
Jan 18, 2006  
Secretary of State

## Current Principal Place of Business:

616 E STREET  
CLEARWATER, FL 33756

## New Principal Place of Business:

## Current Mailing Address:

616 E ST  
CLEARWATER, FL 33756

## New Mailing Address:

FEI Number: 59-3705426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARBER, KIM  
616 E. STREET  
CLEARWATER, FL 33766 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: BORISLOW M.D., DAVID  
Address: 474 HARBOR DRIVE S,  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VP ( ) Delete  
Name: CHOUDHRY, UMESH MD  
Address: 1773 LONG BOW LANE  
City-St-Zip: CLEARWATER, FL 33764

Title: P ( ) Delete  
Name: DESAI, CHETAN M.D.  
Address: 9174 WATER ASH LANE  
City-St-Zip: PINELLAS PARK, FL 33782

Title: S ( ) Delete  
Name: BECKER, DAVID M.D.  
Address: 3441 FAIRFIELD TRAIL  
City-St-Zip: CLEARWATER, FL 33761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: BORISLOW M.D., DAVID  
Address: 474 HARBOR DRIVE S,  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VP (X) Change ( ) Addition  
Name: BECKER, DAVID MD  
Address: 355 12TH AVE NORTH  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P (X) Change ( ) Addition  
Name: KLEIN, HOWARD M.D.  
Address: 5154 LOQUAT COURT  
City-St-Zip: PALM HARBOR, FL 34685

Title: T (X) Change ( ) Addition  
Name: JACOB, POTHEN M.D.  
Address: 2822 SANDPIPER PLACE  
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIM BARBER

ADM

01/18/2006

Electronic Signature of Signing Officer or Director

Date