

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109764

Entity Name: E STREET ENDOSCOPY, INC.

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

616 E STREET
CLEARWATER, FL 33756

Current Mailing Address:

616 E ST
CLEARWATER, FL 33756

New Principal Place of Business:

616 E STREET
A
CLEARWATER, FL 33756

New Mailing Address:

616 E ST
A
CLEARWATER, FL 33756

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

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: BECKER, DAVID MD
Address: 225 13TH AVE SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695

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

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

Title: T () Change (X) Addition
Name: SREENATH, BELUR MD
Address: 10092 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: D () Change (X) Addition
Name: CHOUDHRY, UMESH
Address: 1773 LONG BOW LANE
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify 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

RA

01/07/2008

Electronic Signature of Signing Officer or Director

Date