## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000109764

Entity Name: E STREET ENDOSCOPY, INC.

FILED Mar 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 616 E STREET CLEARWATER, FL 33756 **New Mailing Address: Current Mailing Address:** 616 E ST 616 E STREET CLEARWATER, FL 33756 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: Name and Address of New Registered Agent: BARBER, KIM BARBER, KIM 616 F STREET 616 E. STREET CLEARWATER, FL 33766 US SUITE A CLEARWATER, FL 33756 US 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: 03/23/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition BORISLOW M.D., DAVID BORISLOW M.D., DAVID Name: Name: 474 HARBOR DRIVE S. 474 HARBOR DRIVE S. Address: Address: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: BECKER, DAVID MD Name: 225 13TH AVE SOUTH Address: Address: SAFETY HARBOR, FL 34695 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition KLEIN, HOWARD M.D. Name: Name: 5154 LOQUAT COURT Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition JACOB, POTHÉN M.D. JACOB, POTHEN M.D. Name: Name: Address: 2822 SANDPIPER PLACE Address: 630 SAXONY BLVD City-St-Zip: CLEARWATER, FL 33762 City-St-Zip: ST. PETERSBURG, FL 33716 Title: Title: (X) Change ( ) Addition ( ) Delete SREENATH, BELUR MD SREENATH, BELUR MD Name: Name: 10092 WINDTREE BLVD Address: 10092 WINDTREE BLVD Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: SEMINOLE, FL 33772 Title: () Delete Title: (X) Change ( ) Addition CHOUDHRY, UMESH CHOUDHRY, UMESH Name: Name: 1773 LONG BOW LANE 1773 LONG BOW LANE Address: Address: City-St-Zip: CLEARWATER, FL 33764 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 03/23/2009