

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90124 027 \*\*\*150.00

**DOCUMENT # P01000024345**

**1. Entity Name**  
**KISSIMMEE ENDOSCOPY CENTER ASSOCIATES, INC.**

**Principal Place of Business**  
**715 OAK COMMONS BLVD.**  
**KISSIMMEE FL 34741**

**Mailing Address**  
**715 OAK COMMONS BLVD.**  
**KISSIMMEE FL 34741**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**593706173**

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**

**WAKEFIELD, CRAIG**  
**1400 W. OAK ST., STE. A**  
**KISSIMMEE FL 34742**

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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ISLAM, M. SIRAJ UL M.D. 715 OAK COMMONS BLVD. KISSIMMEE FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LATEEF, SYED KHALID M.D. 715 OAK COMMONS BLVD. KISSIMMEE FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RIVERA, JAIME M M.D. 715 OAK COMMONS BLVD. KISSIMMEE FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. I hereby certify that the information supplied with this filing 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 an opening empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

**JAIME M. RIVERA, MD**

**4-29-02**

**(407) 931-2816**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)