


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3706173	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable: \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAKEFIELD, CRAIG 1400 W. OAK ST., STE. A KISSIMMEE FL 34742				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. 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	<input type="checkbox"/> Change <input type="checkbox"/> Add
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	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <i>M. Sirajul Islam</i>				Date: 4/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	