
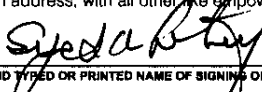


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000024345</b> 1. Entity Name <b>KISSIMMEE ENDOSCOPY CENTER ASSOCIATES, INC.</b>					
Principal Place of Business <b>715 OAK COMMONS BLVD. KISSIMMEE, FL 34741</b>			Mailing Address <b>715 OAK COMMONS BLVD. KISSIMMEE, FL 34741</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3706173</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>M. SIRAJ UL ISLAM, M.D. 715 OAK COMMONS BLVD. KISSIMMEE, FL 34741</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;">             U000000636963              02/26/07-80037-023 150.00           </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LATEEF, SYED KHALID M.D. 715 OAK COMMONS BLVD. KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RIVERA, JAIME M M.D. 715 OAK COMMONS BLVD. KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					