

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000024345

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

715 OAK COMMONS BLVD.  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

715 OAK COMMONS BLVD.  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 59-3706173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

M. SIRAJ UL ISLAM, M.D.  
715 OAK COMMONS BLVD.  
KISSIMMEE, FL 34741 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:** DP  
**Name:** ISLAM, M. SIRAJ UL M.D.  
**Address:** 715 OAK COMMONS BLVD.  
**City-St-Zip:** KISSIMMEE, FL 34741

**Title:** DVT  
**Name:** LATEEF, SYED KHALID M.D.  
**Address:** 715 OAK COMMONS BLVD.  
**City-St-Zip:** KISSIMMEE, FL 34741

**Title:** DS  
**Name:** RIVERA, JAIME M M.D.  
**Address:** 715 OAK COMMONS BLVD.  
**City-St-Zip:** KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

**SIGNATURE:** M SIRAJ UL ISLAM

DP

03/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date