

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015532

Entity Name: PALM ENDOSCOPY CENTER, INC.

FILED  
Jan 27, 2009  
Secretary of State

## Current Principal Place of Business:

623 MAITLAND AVE  
STE 101  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

623 MAITLAND AVE  
STE 101  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

623 MAITLAND AVE  
STE 1100  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

623 MAITLAND AVE  
STE 1100  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 02-0566419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CFRA, LLC  
4221 W. BOY SCOUT BLVD.  
10TH FLOOR  
TAMPA, FL 33607 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: D ( ) Delete  
Name: LEBIODA, DAVID H  
Address: 623 MAITLAND AVE STE 2200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: STRAKER, RICHARD J  
Address: 623 MAITLAND AVE STE 2200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: KATZ, BARRY R  
Address: 623 MAITLAND AVE STE 2200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: SHEPHARD, HARRY H  
Address: 623 MAITLAND AVE STE 2200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: RAAJ, POPLI K  
Address: 623 MAITLAND AVE STE 2200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: SANJAY, REDDY K  
Address: 623 MAITLAND AVE STE 2200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD J. STRAKER

D

01/27/2009

Electronic Signature of Signing Officer or Director

Date