2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2010
Secretary of State

DOCUMENT# P02000015532

Entity Name: PALM ENDOSCOPY CENTER, INC.

Current Principal Place of Business:

623 MAITLAND AVE
STE 1100
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

623 MAITLAND AVE
STE 1100
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

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
Name: LEBIODA, DAVID H
Address: 623 MAITLAND AVE STE 2200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

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

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

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

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

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: DAVID H. LEBIODA, M.D. D 01/11/2010

Electronic Signature of Signing Officer or Director — Date