

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000146890

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** LASTER ENDOSCOPY SERVICES, INC.

**Current Principal Place of Business:**

2816 4TH ST N  
UNIT C  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

3650 BAYSHORE BLVD. NE  
ST. PETERSBURG, FL 33703

**Current Mailing Address:**

3650 BAYSHORE BLVD. NE  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

**FEI Number:** 20-5937397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LASTER, CHARLES D  
3650 BAYSHORE BLVD. NE  
SAINT PETERSBURG, FL 33703 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:** P  
**Name:** LASTER, CHARLES D  
**Address:** 3650 BAYSHORE BLVD NE  
**City-St-Zip:** ST. PETERSBURG, FL 33703 US

**Title:** VP  
**Name:** RYDER, CHERYL L  
**Address:** 3650 BAYSHORE BLVD. NE  
**City-St-Zip:** ST. PETERSBURG, FL 33703 US

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:** CHARLES D LASTER

PRES

04/06/2010

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

\_\_\_\_\_  
Date