

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000130482

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** FELLOWSHIP IN GYN ENDOSCOPY AT HALIFAX, INC.

**Current Principal Place of Business:**

1890 LPGA BOULEVARD  
DAYTONA BEACH, FL 32117 US

**New Principal Place of Business:**

**Current Mailing Address:**

1890 LPGA BOULEVARD  
DAYTONA BEACH, FL 32117 US

**New Mailing Address:**

**FEI Number:** 26-1668155      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WELCH, MATTHEW S  
150 SOUTH PALMETTO  
DAYTONA BEACH, FL 32114 US

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

PYLE, MICHAEL  
1655 NORTH CLYDE MORRIS  
SUITE 1  
DAYTONA BEACH, FL 32117 US

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: MICHAEL PYLE

03/20/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STANLEY, CHRISTOPHER J M.D.  
Address: 1890 LPGA BOULEVARD  
City-St-Zip: DAYTONA BEACH, FL 32117 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CHRISTOPHER J STANLEY

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date