

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000048774

FILED
Feb 15, 2012
Secretary of State

Entity Name: PHYSICIANS ENDOSCOPY HOLDINGS, INC.

Current Principal Place of Business:

616 E STREET
SUITE A
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

616 E STREET
SUITE A
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3256800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISS, L. MICHAEL
508 JEFFORDS STREET, STE D
CLEARWATER, FL 33756 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

OFFICERS AND DIRECTORS:

Title: D
Name: WEISS, L MICHAEL
Address: 616 E STREET, SUITE A
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: KLEIN, HOWARD D
Address: 616 E STREET, SUITE A
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: BECKER, DAVID J
Address: 616 E STREET, SUITE A
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: CHOUDHRY, UMESH
Address: 616 E STREET, SUITE A
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: DESAI, CHETAN K
Address: 616 E STREET, SUITE A
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: JACOB, POTHEN
Address: 616 E STREET, SUITE A
City-St-Zip: CLEARWATER, FL 33756

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: L MICHEL WEISS

D

02/15/2012

Electronic Signature of Signing Officer or Director

Date