

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000025541	
1. Entity Name THE ENDOSCOPY CENTER OF PENSACOLA, INC.	



Principal Place of Business 4810 N. DAVIS HWY PENSACOLA, FL 32503	Mailing Address 4810 N. DAVIS HWY PENSACOLA, FL 32503
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03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3306257	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

CARTEE, ALICE
4810 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEER, CARL 4810 N. DAVIS HWY PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAKIM, FARES S. 4810 N. DAVIS HIGHWAY PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FINELLI, SCOTT 4810 N. DAVIS HWY PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUED, MOUNZER 4810 NORTH DAVIS-HWY PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000467234
03/23/06 00043-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Alice X Carter 3/6/06 850-474-8988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #