2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# P95000025541

Entity Name: THE ENDOSCOPY CENTER OF PENSACOLA, INC.

Current Principal Place of Business:

4810 N. DAVIS HWY
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4810 N. DAVIS HWY
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3306257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTEE, ALICE
4810 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503 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 ( ) Delete
Name: SPEER, CARL
Address: 4810 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: S ( ) Delete
Name: HAKIM, FARES S.
Address: 4810 N. DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503

Title: P ( ) Delete
Name: FINELLI, SCOTT
Address: 4810 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: V ( ) Delete
Name: SOUED, MOUNZER
Address: 4810 NORTH DAVIS-HWY
City-St-Zip: PENSACOLA, FL 32503

Title: T ( ) Delete
Name: FRY, MICHAEL
Address: 4810 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: REILLY, PATRICK
Address: 4810 N. DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503

Title: P (X) Change ( ) Addition
Name: SOUED, MOUNZER
Address: 4810 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: V (X) Change ( ) Addition
Name: HAKIM, FARES
Address: 4810 NORTH DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: T (X) Change ( ) Addition
Name: ADKISSON, KENDRAL W
Address: 4810 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Change (X) Addition
Name: SMITH, JAMES W
Address: 4810 NORTH DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

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: MOUNZER SOUED, MD P 04/03/2009

Electronic Signature of Signing Officer or Director — Date