2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# P95000067598

Entity Name: GULFSHORE ENDOSCOPY CENTER, INC.

Current Principal Place of Business:

1084 GOODLETTE RD
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1084 GOODLETTE RD
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0615196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCAVOY, BRIAN ESQ
800 LAUREL OAK DR
NAPLES, FL 33963 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: O
Name: PHILLIPS, RAYMOND N MD
Address: 1064 GOODLETTE RD
City-St-Zip: NAPLES, FL 34102

Title: O
Name: LIBERSKI, SUSAN M MD
Address: 1064 GOODLETTE RD
City-St-Zip: NAPLES, FL 34102

Title: VP
Name: RANDALL, NEIL W MD
Address: 1064 GOODLETTE ROAD
City-St-Zip: NAPLES, FL 34102

Title: O
Name: MARKS, MICHAEL A
Address: 1064 GOODLETTE ROAD
City-St-Zip: NAPLES, FL 34102

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: RAYMOND W. PHILLIPS, P 02/28/2011

Electronic Signature of Signing Officer or Director Date