

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000097324

FILED  
May 01, 2005  
Secretary of State

Entity Name: HERNANDO ENDOSCOPY & SURGERY CENTER, INC.

**Current Principal Place of Business:**

12180 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

12180 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**New Mailing Address:**

FEI Number: 59-3354295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KANURI, R. P.  
12180 CORTEZ BLVD  
BROOKSVILLE, FL 34613      US

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

KANURI, RAMAKRISHNA O  
12180 CORTEZ BLVD  
BROOKSVILLE, FL 34613      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: RAMAKRISHNA P KANURI      05/01/2005  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: KANURI, R. P.  
Address: 6109 WATERSWAY  
City-St-Zip: SPRING HILL, FL 34607

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

Title: PD      (X) Change ( ) Addition  
Name: KANURI, RAMAKRISHNA P  
Address: 6109 WATERSWAY  
City-St-Zip: SPRING HILL, FL 34607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAMAKRISHNA P KANURI      PD      05/01/2005  
Electronic Signature of Signing Officer or Director      Date