
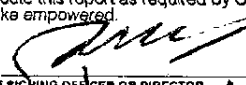


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P96000059951		
1. Entity Name G.I. ENDOSCOPY PARTNERS, INC.		
Principal Place of Business 2140 WEST 68TH STREET SUITE 305 HIALEAH, FL 33016 US	Mailing Address 2140 WEST 68TH STREET SUITE 305 HIALEAH, FL 33016 US	
DO NOT WRITE IN THIS SPACE		
		03232006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0684881		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
PADILLA, VICTOR M III 2140 WEST 68TH STREET SUITE 305 HIALEAH, FL 33016		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
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
		1100000507545 04/27/06-80068-005 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PADILLA, VICTOR M III 2140 WEST 68TH STREET, #305 HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINA, VICTOR M 2140 WEST 68TH STREET, #305 HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTANEDA, JORGE D 2140 WEST 68TH STREET, #305 HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADERAL, FRANCISCO R 2140 WEST 68TH STREET, #305 HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JOSE L 2140 W. 68 STREET #305 HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  3058224107 4/3/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Victor M. Padilla, III, MD Daytime Phone #		