


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 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
---	---



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0684881	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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	

U000000719774
05/01/07-80078-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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 or without power of attorney.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/07

Date

Daytime Phone #