

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 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



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0684881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PADILLA, VICTOR M III
STREET ADDRESS	2140 WEST 68TH STREET, #305
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	SD
NAME	PINA, VICTOR M
STREET ADDRESS	2140 WEST 68TH STREET, #305
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	TD
NAME	CASTANEDA, JORGE D
STREET ADDRESS	2140 WEST 68TH STREET, #305
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	D
NAME	MADERAL, FRANCISCO R
STREET ADDRESS	2140 WEST 68TH STREET, #305
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	D
NAME	MARTINEZ, JOSE L
STREET ADDRESS	2140 W. 68 STREET #305
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/08