## **2004 FOR PROFIT CORPORATION**

## **FILED**

	ANNUA	L REPOR	<b>T</b>	a	Jan 20	0, 2004 08:00 A
DOCU	MENT # P9900002	22197				cretary of State
AMBULATORY ENDOSCOPY CENTER OF CENTRAL FLORIDA, INC.						
Principal Plac	ce of Business	Mailing Address	)			
515 W. STAT LONGWOOD,	TE RD. 434, STE. 105 , FL 32750	515 W. STATE	515 W. STATE RD. 434, STE. 105 LONGWOOD, FL 32750			
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С	O NOT WRIT	E IN THI	S SPA	CE	01072004 No Chg-F	CR2E034 (10/03)
			. #11,*12.*********************************	aprilia i i i i i i i i i i i i i i i i i i	59-3562823	Not Applica
					5. Certificate of Status Desir	ed S8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent	<del></del>	garis, tarrent ye i ayine rol <del>tar</del>	and the second s	<del>,</del>
515 W. ST	. ANDREW M.D. FATE RD. 434, STE. 105 OD, FL 32750	•	,	<u></u>	- DO NOT	- 1 (1 mm) - 1 (1 mm
,	- ,				IN THIS S	SPACE
8. The above the obligat	riamed entity submits this statementions of registered agent.	t for the purpose of cha	inging its registere	ed office or register	ed agent, or both, in the State	of Florida. I am familiar with, and acce
SIGNATURE.			-			
SIGNATURE.	Signature, typed or printed name of registered ag	ent and life it applicable.	(NOTE: Registered	1 Agent signature required	when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55		n Campaign Finan und Contribution.		00 May Be ed to Fees	
10.	OFFICERS AT	ND DIRECTORS		<u> </u>		and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GILES, O. ANDREW M.D. 515 W. STATE RD. 434, STE. LONGWOOD, FL 32750	105		• •	≔อ∞ ั U00000 กรัสวิทิกัล	0007091 _90010_005 (50 00
TITLE	DS	<u></u>		<del></del>	2	Carotic ord The or
NAME STREET ADDRESS CITY-ST-ZIP	COPPOLA, ANTHONY J M.D. 515 W. STATE RD. 434, STE. LONGWOOD, FL. 32750	105		at		
TITLE NAME STREET ADDRESS		<u> </u>	- September 25-	-		
CITY-ST-ZIP			e week in our		DO NOT	WHILE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN THIS S	SPACE
TITLE		<u> </u>		===: ·* · · ·	The second secon	n magaarin <u>istoriaan</u> 118 magaan 128 <del>1812</del> 11
NAME STREET ADDRESS CITY-ST-ZIP			<u>, , , , , , , , , , , , , , , , , , , </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						· · · · · · · · · · · · · · · · · · ·

12. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_