


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000022197	
1. Entity Name AMBULATORY ENDOSCOPY CENTER OF CENTRAL FLORIDA, INC.	

Principal Place of Business 515 W. STATE RD. 434, STE. 105 LONGWOOD, FL 32750	Mailing Address 515 W. STATE RD. 434, STE. 105 LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3562823	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GILES, O. ANDREW M.D. 515 W. STATE RD. 434, STE. 105 LONGWOOD, FL 32750	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GILES, O. ANDREW M.D. 515 W. STATE RD. 434, STE. 105 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COPPOLA, ANTHONY J M.D. 515 W. STATE RD. 434, STE. 105 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LIN, ANTHONY C M.D. 515 W. STAGE RD 434, STE. 105 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UD00000615494
02/06/07-80073-016 150.00

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:  **1-28-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #