

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000032051

**Entity Name:** WEST BROWARD ENDOSCOPY ASSOCIATES, INC.

**Current Principal Place of Business:**

140 SW 84 AVENUE SUITE C  
PLANTATION, FL 33324

**Current Mailing Address:**

140 SW 84 AVENUE SUITE C  
PLANTATION, FL 33324

**FEI Number:** 65-0997154

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAVENDER, JOEL RESQ  
507 SE 11TH COURT  
FORT LAUDERDALE, FL 33316 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LANES, M.D., GERARDO S  
Address 140 SW 84 AVE., SUITE C  
City-State-Zip: PLANTATION FL 33324

Title S  
Name DABUL, M.D., ELIAS E  
Address 140 SW 84 AVE., SUITE C  
City-State-Zip: PLANTATION FL 33324

Title T  
Name MEKIIAN, MICHAEL  
Address 140 SW 84 AVE., SUITE C  
City-State-Zip: PLANTATION FL 33324

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GERARDO S LANES, M.D.

P

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date