

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000024345

**Entity Name:** KISSIMMEE ENDOSCOPY CENTER ASSOCIATES, INC.

**Current Principal Place of Business:**

715 OAK COMMONS BLVD.  
KISSIMMEE, FL 34741

**Current Mailing Address:**

715 OAK COMMONS BLVD.  
KISSIMMEE, FL 34741

**FEI Number:** 59-3706173

**Certificate of Status Desired:** No

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

M. SIRAJ UL ISLAM, M.D.  
715 OAK COMMONS BLVD.  
KISSIMMEE, FL 34741 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 DP  
Name ISLAM, M. SIRAJ UL M.D.  
Address 715 OAK COMMONS BLVD.  
City-State-Zip: KISSIMMEE FL 34741

Title DVT  
Name LATEEF, SYED KHALID M.D.  
Address 715 OAK COMMONS BLVD.  
City-State-Zip: KISSIMMEE FL 34741

Title DS  
Name RIVERA, JAIME MM.D.  
Address 715 OAK COMMONS BLVD.  
City-State-Zip: KISSIMMEE FL 34741

*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:** ISLAM , M. SIRAJ UL M.D

DP

04/19/2015

Electronic Signature of Signing Officer/Director Detail

Date