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.

DP

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

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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.

Officer/Director Detail :

Title	DP	Title	DVT	
Name	ISLAM, M. SIRAJ UL M.D.	Name	LATEEF, SYED KHALID M.D.	
Address	715 OAK COMMONS BLVD.	Address	715 OAK COMMONS BLVD.	
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34741	
Title	DS			
Title Name	DS RIVERA, JAIME MM.D.			
Name	RIVERA, JAIME MM.D.			

Name and Address of Current Registered Agent:

M. SIRAJ UL ISLAM, M.D. 715 OAK COMMONS BLVD. KISSIMMEE, FL 34741 US

SIGNATURE:

715 OAK COMMONS BLVD. KISSIMMEE, FL 34741

Current Principal Place of Business:

715 OAK COMMONS BLVD. KISSIMMEE, FL 34741

FEI Number: 59-3706173

Current Mailing Address:

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P01000024345

Entity Name: KISSIMMEE ENDOSCOPY CENTER ASSOCIATES, INC.

FILED Apr 25, 2017 Secretary of State CC7871819185

Certificate of Status Desired: No

04/25/2017

Date

Date