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

Electronic Signature of Signing Officer/Director Detail

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

City-State-Zip: Title DS Name RIVERA, JAIME MM.D.

Address 715 OAK COMMONS BLVD.

**KISSIMMEE FL 34741** City-State-Zip:

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

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

715 OAK COMMONS BLVD. KISSIMMEE, FL 34741

DOCUMENT# P01000024345

### **Current Mailing Address:**

715 OAK COMMONS BLVD. KISSIMMEE, FL 34741

### Name and Address of Current Registered Agent:

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

SIGNATURE: Electronic Signature of Registered Agent **Officer/Director Detail :** LATEEF, SYED KHALID M.D. 715 OAK COMMONS BLVD.

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.

Certificate of Status Desired: No

Mar 21, 2013 Secretary of State CC5134272984

FILED

Date

# FEI Number: 59-3706173

Date

PRESIDENT

03/21/2013