

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024345

Entity Name: KISSIMMEE ENDOSCOPY CENTER ASSOCIATES, INC.**Current Principal Place of Business:**710 OAK COMMONS BLVD.
KISSIMMEE, FL 34741**Current Mailing Address:**710 OAK COMMONS BLVD.
KISSIMMEE, FL 34741 US**FEI Number:** 59-3706173**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LATEEF, SYED KHALID
710 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:** SYED KHALID LATEEF

06/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DP
Name	LATEEF, SYED KHALID M.D.
Address	710 OAK COMMONS BLVD.
City-State-Zip:	KISSIMMEE FL 34741

Title	DVP
Name	RIVERA, JAIME MM.D.
Address	710 OAK COMMONS BLVD.
City-State-Zip:	KISSIMMEE FL 34741

Title	DT
Name	COLINA, RAMON E M.D.
Address	710 OAK COMMONS BLVD.
City-State-Zip:	KISSIMMEE FL 34741

Title	DS
Name	SOTO-RAMOS, ANTONIO M.D
Address	710 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: SYED KHALID LATEEF

DP

06/17/2020

Electronic Signature of Signing Officer/Director Detail

Date