2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2016
Secretary of State
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Entity Name: AMBULATORY ENDOSCOPY CENTER OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

515 W. STATE RD. 434, STE. 105
LONGWOOD, FL 32750

Current Mailing Address:

515 W. STATE RD. 434, STE. 105
LONGWOOD, FL 32750

FEI Number: 59-3562823

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILES, O. ANDREW M.D.
515 W. STATE RD. 434, STE. 105
LONGWOOD, FL 32750 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	DPT	Title	DS
Name	GILES, O. ANDREW M.D.	Name	COPPOLA, ANTHONY JM.D.
Address	515 W. STATE RD. 434, STE. 105	Address	515 W. STATE RD. 434, STE. 105
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750

Title	SEC
Name	LIN, ANTHONY CM.D.
Address	515 W. STAGE RD 434, STE. 105
City-State-Zip:	LONGWOOD FL 32750

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: O. ANDREW GILES, MD PRESIDENT 03/07/2016

Electronic Signature of Signing Officer/Director Detail — Date