

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022197

Entity Name: AMBULATORY ENDOSCOPY CENTER OF CENTRAL FLORIDA, INC.

FILED
Feb 20, 2015
Secretary of State
CC6636180045

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: Yes

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

Title DS
Name COPPOLA, ANTHONY JM.D.
Address 515 W. STATE RD. 434, STE. 105
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

02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date