

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
95 FEB -7 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050941 (1)

1. Corporation Name  
**BRADENTON ENDOSCOPY CENTER, INC.**

Principal Place of Business Mailing Address  
1878 59TH ST W 1878 59TH ST W  
BRADENTON FL 34209 BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/08/1994 3a. Date of Last Report  
4. FEI Number 65-0505185 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 2902 59th St. W. 25 2902 59th St. W.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Bradenton, Fl. 28 Bradenton, Fl.  
24 Zip 25 Country 29 Zip 30 Country  
34209 34209

9. Name and Address of Current Registered Agent  
BELSITO, ALPHONSO A  
1878 59TH ST W  
BRADENTON FL 34209

10. Name and Address of Now Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) 2902 59th St. W. suite C  
83  
84 City Bradenton FL 85 Zip Code 34209

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BELSITO, ALPHONSO A
STREET ADDRESS	1878 59TH ST W
CITY - ST - ZIP	BRADENTON FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	2902 59th St. W.
4. CITY - ST - ZIP	Bradenton, FL 34209
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, changed, or as an attachment with an address.

SIGNATURE: Alphonso A Belisito 1/13/95 813-7921430  
SIGNATURE AND TYPE OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR