2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State P98000106150 DOCUMENT # 1. Entity Name 04-30-2002 90073 037 ***150.00 SUN COAST ENDOSCOPY, INC. Mailing Address Principal Place of Business 6410 W. GULF TO LAKE HWY 6410 W. GULF TO LAKE HWY CRYSTAL RIVER FL 34429 **CRYSTAL RIVER FL 34429** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0904043 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUGHES, J., ROBERT ESQ. Street Address (P.O. Box Number is Not Acceptable) 220 MCKENŽIE AVE PANAMA CITY FL 32401 Zip Code City 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE D NAME RAM. ANIL K NAME STREET ADDRESS STREET ADDRESS 6410 W GULF TO LAKE HWY CITY-ST-ZIP CITY-ST-ZIP **CRYSTAL RIVER FL 34429** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME BIKKASANI, P. R. STREET ADDRESS STREET ADDRESS 6410 W GULF TO LAKE HWY CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME HELLSTERN, PAUL STREET ADDRESS STREET ADDRESS 6410 W GULF TO LAKE HWY CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME BUENO, FERNANDO STREET ADDRESS STREET ADDRESS 6410 W GULF TO LAKE HWY CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL 34429 Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 empoyed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OF SIGNATURE AND TYPED OF PR

FILED