

ANNUAL REPORT

DOCUMENT # F00000003626

1. Entity Name
ENDOTEC, INC.



Principal Place of Business
50 S. CENTER ST.
UNIT 10
ORANGE, NJ 07050

Mailing Address
2546 HANSROB RD
ORLANDO, FL 32804

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90061 043 ***150.00



01062004 No Chg-P CR2E034 (10/03)

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4. FEI Number
22-3076052

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAPPAS, MICHAEL J
8650 S-OCEAN-BLVD
#1203
JENSEN BEACH, FL 34957

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael J Pappas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 22, 2004

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PAPPAS, MICHAEL J PH.D.
STREET ADDRESS	8650 S. OCEAN BLVD
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	V
NAME	BUECHEL, FREDERICK F MD
STREET ADDRESS	999 ACQUA CIRCLE
CITY-ST-ZIP	NAPLE, FL 33940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Michael J Pappas

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Out/In Phone #