FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F9400000797 (0)

ENDOSCOPIC CONCEPTS, INC.

FILED
May 08 1997 8:00am
Secretary of State

4-24-97 521-279-8067
Date Dayline Prone #

City & State City & State City & State City & State Country Zip	Applied For Not Applicable 75 Additional the Required .00 May Be ded to Fees
SUITE 111 DELRAY BEACH FL 33483 US DELRAY BEACH FL 33483-5820 US 3. Date Incorporated or Qualified 02/17/1994 05/01/19 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 2d. Crity Electron Campaign Financing 2d. Mailing Address 2d. Crity Electron Campaign Financing 2d. Mailing Address 2d. Certificate of Status Desired 2d. Mailing Address 2d. Certificate of Status Desired 2d. Mailing Address 2d. Certificate of Status Des	Applied For Not Applicable 75 Additional the Required .00 May Be ded to Fees
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Suite, Apri #, etc. Suite, Apri #, etc. City & State City & State City & State Country Zip Country 25 29 30 Country 8. This corporation has liability for intangible tax uniforms in the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change 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 agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Suite, Apri #, etc. City & State City & State Country 8. Election Campaign Financing Trust Fund Contribution Acceptable 1 and Address of New Registered Agent 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) Find Registered Agent Statutes Find Acceptable 2 and City Find City	75 Additional be Required .00 May Be ided to Fees
City & State Country Country Cip Country Zip Country Zip Country Ad Trust Fund Contribution Ad Trust Fund Co	e Required .00 May Be ded to Fees
Trust Fund Contribution Advances of Country Zip Country Zip Country Zip Country Plorida Statutes Yes No S. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE FL 32301 10. Name and Address of New Registered Agent NRAI SERVICES, INC. 528 EAST PARK AVE. TALLAHASSEE FL 32301 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 change 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, system or printed name of registered agent agent and left Plappicable (NOTE: Registered Agent signature required when reinstatics) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. First Fund Contribution Address of New Registered Agent Florida Statutes Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 85 86 87 88 Street Address (P.O. Box Number is Not Acceptable) 89 10. Name and Address of New Registered Agent 80 Street Address (P.O. Box Number is Not Acceptable) 80 81 82 Street Address (P.O. Box Number is Not Acceptable) 87 88 89 Street Address (P.O. Box Number is Not Acceptable) 89 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes 89 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	ded to Fees
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9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 change 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIgnature, typert or printed name of registered agent and tele Papplicable (NOTE: Registered Agent signature required when reinstairs) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE OFFI CERS AND DIRECTORS 11. TITLE OFFI CERS AND DIRECTORS 11. TITLE OFFI CERS AND DIRECTORS	
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CITY-ST ZIP DELRAY BEACH FL 1,4CITY-ST-ZIP	
TITLE S DELETE 2.11/LE DELETE DELETE	nge Addition
NAME DURHAM, J P JR 2.2 NAME	
STREET ADDRESS 1000 VOLUNTEER BLVD., #32 GEORGIA AVE. 2.3 STREET ADDRESS	
CHY: 5"-7IP CHATTANOOGA TN 37402 2.4 CITY-ST-ZIP	
THE VP DELETE 3.1 TITLE Cha	inge 🔲 Addition
NAME WILSON, J.A. 3.2 NAME	
STREET ADDRESS 11 FOREST PARK DR 3.3 STREET ADDRESS	
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14. I do 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 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 mad 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 appears in Block 12 or Block 13 if changed, or on an attachment with an adgless.	