2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	PIC CONCEPTS, INC. of Business ERAL HWY. PMB 111 CH FL 33483 DELRAY BEACH FL 33483 IS IS IN FEDERAL HWY. PMB 111 DELRAY BEACH FL 33483 IS IS IN FEDERAL HWY. PMB 111 DELRAY BEACH FL 33483 IS IS IN Apt. #, etc. City & State Country Zip Country Zip Country City & State Country SERVICES, INC. EAST PARK AVE. AHASSEE FL 32301 City City City City City City City City City Services Apent is registered office or one of registered agent. IS ROW!!! FEE IS \$550.00 IS ROW!!! FEE IS \$550.00 IS ROW!!! FEE IS \$550.00 City SERVICES, INC. City Services Apent is provided name of registered agent and take if appaceable. (INCITE Registered Apent is grant and take if appaceable. City September 8, 2004 IS ROW!!! FEE IS \$550.00 Delete TILE NAME SIRRET ADDRESS CITY-SI-ZIP MILSON, JEFF A IT FOREST PARK DRIVE MENDON MA 01756 Delete TILE NAME STREET ADDRESS CITY-SI-ZIP MENDON MA 01756 Delete TILE NAME STREET ADDRESS CITY-SI-ZIP Delete TILE TILE TILE TILE TILE TILE TILE TILE TI				9/23/2004-90001-017-\$550.00-\$550.00	
DOCUMENT # F9400000797 1. Entity Name ENDOSCOPIC CONCEPTS, INC.					FILED 04 OCT -5 AM 9 17	
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1191 N. FEDERAL HWY. PMB 111 1191 DELRAY BEACH FL 33483 DELF		1191 N. FEDERAL HW DELRAY BEACH FL 3	1191 N. FEDERAL HWY. PMB 111 DELRAY BEACH FL 33483		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address		•		
Suite. Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (4/04)	
City & State		City & State			4. FEI Number 94-3168404 Applied For Not Applied	
Zip	Country	Zip .	Count	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required	İ
	6. Name and Address of Current F	legistered Agent	ا		7. Name and Address of New Registered Agent	\dashv
				-Name		
526	EAST PARK AVE.			Street Address (i	P.O. Box Number is Not Acceptable)	
				City	FL Zip Code	
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						ept
the obligations of registered agent.						
SIGNATURE Signature typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating). DATE						
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10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	cortify that the information conclined with	this filing does not qualify for			ection 119 07(3)(i) Florida Statutes 1 further certify that the information	,
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 peport 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: SIGNATURE SIGNATURE AND TYPED OR PRINTED HAME OF SIGNANG OFFICER OR DIRECTOR Date Date Date Description Proper &						
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