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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

F95000004263 (8)

ENDOSCOPY SPECIALISTS INCORPORATED

Principal Place of Business Mailina Address 3995 SAVANNAH TRAII 3995 SAVANNAH TRAIL MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 3. Date Incorporated or Qualified 3a. Date of Last Report 09/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For APPLIED-FOR 23-2811/03 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 **\$5.00** May Be City & State City & State: 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032. Country Zip Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET, STE 105 83 TALLAHASSEE FL 32301 Zip Code 84 City 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 changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bound of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Socition 607.0505, Florida Statutes. SIGNATURE (ScOTE Respubered Ages to squared inveloped when restallatings) Signature, typed or protection resolvegetored agent and the diapplication ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ____ Addition 1.111116 TITLE BLACK, CHRISTOPHER K 1.2 NAME NAME 1787 SENTRY PKWY WEST - BLDG 16 STREET ADDRESS 1.3 STREET ADDRESS **BLUE BELL PA** 1.4 CHY-\$1-2IP CitY-ST-ZIP DELETE Change ☐ Addition Tille VTD 2 1 Table BYRNE, THOMAS M 2.2 NAME NAME 155 SOUTH LIMERICK ROAD 23 STREE! ADDRESS STREET ADDRESS LIMERICK PA 24 CHTY ST ZIP CITY-ST-2IP Change Addition DELETE 3 1 III LE TITLE GAMBONE, STEPHEN J 3.2 NAME NAME 155 SOUTH LIMERICK ROAD 3.3 STREET ADDRESS STREET ADDRESS LIMERICK PA 3.4 CITY - ST - ZIE CITY - ST - ZIP [] DELETE Change ☐ Addition 4 1 1/116 TITLE ZEARFOSS, HERBERT K 4.2 NAME NAME 155 SOUTH LIMERICK ROAD 4.3 STHEET ADDRESS STREET ADDRESS LIMERICK PA 4.4 CHTY - ST - ZIP CITY-ST-JIP ODDO018187000 -05/13/96--01049--045 Addition DELETE. 5 1 III.€ TITLE 5.2 NAME NAME ***200.00 5.3 STREET ADORESS STREET ADDRESS £ 4 CiTY -ST-ZIP CITY-ST 3iP Cnange Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREE! ACORESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this arrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early 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 if changed, or on an attachment with an address

64 CITY - ST-ZIP

SIGNATURE:

CITY - ST - ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 2156194243

(12/95)

CR2E034