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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004263 (8)**

1. Corporation Name
ENDOSCOPY SPECIALISTS INCORPORATED

Principal Place of Business	Mailing Address
3995 SAVANNAH TRAIL MERRITT ISLAND FL 32953	3995 SAVANNAH TRAIL MERRITT ISLAND FL 32953-8605

3. Date Incorporated or Qualified: 09/01/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 5802 Hoffner Ave Ste 704
22 Suite, Apt # etc: Orlando, FL
23 City & State: 32822 USA
24 Zip / 25 Country

2a. Mailing Address
26: 5802 Hoffner Ave Ste 704
27 Suite, Apt #, etc.: Orlando FL
28 City & State: 32822 USA
29 Zip / 30 Country

4. FEI Number: 23-2817703 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 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 as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	BLACK, CHRISTOPHER K		1.2 NAME	Scott Bartos	
STREET ADDRESS	1787 SENTRY PKWY WEST - BLDG 16		1.3 STREET ADDRESS	5802 Hoffner Ave Ste 704	
CITY-ST-ZIP	BLUE BELL PA		1.4 CITY-ST-ZIP	Orlando, FL 32822	
TITLE	VTD	☒ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	BYRNE, THOMAS M		2.2 NAME	Todd Riddell	
STREET ADDRESS	155 SOUTH LIMERICK ROAD		2.3 STREET ADDRESS	Same as above	
CITY-ST-ZIP	LIMERICK PA		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	Business Manager	☐ Change ☒ Addition
NAME	GAMBONE, STEPHEN J		3.2 NAME	Chris Bartos	
STREET ADDRESS	155 SOUTH LIMERICK ROAD		3.3 STREET ADDRESS	Same as above	
CITY-ST-ZIP	LIMERICK PA		3.4 CITY-ST-ZIP		
TITLE	VSD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZEARFOSS, HERBERT K		4.2 NAME		
STREET ADDRESS	155 SOUTH LIMERICK ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LIMERICK PA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 that the 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott Bartos Scott Bartos 1/7/97 407-249-1946