

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90113 046 ***150.00

DOCUMENT # F95000004263

1. Corporation Name

ENDOSCOPY SPECIALISTS INCORPORATED

Principal Place of Business

5776 HOFFNER AVE
SUITE 200
ORLANDO FL 32822
US

Mailing Address

5776 HOFFNER AVE
SUITE 200
ORLANDO FL 32822
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BARTOS, SCOTT
STREET ADDRESS 5776 HOFFNER AVE SUITE 200
CITY-ST-ZIP ORLANDO FL 32822

TITLE VPTD ☐ DELETE
NAME BYRNE, THOMAS M
STREET ADDRESS 155 S. LIMERICK RD
CITY-ST-ZIP LIMERICK PA 19468

TITLE VPS ☐ DELETE
NAME ZEURFUSS, HERBERT
STREET ADDRESS 155 S. LIMERICK RD
CITY-ST-ZIP LIMERICK PA 19468

TITLE D ☐ DELETE
NAME BUCKELEW, LARRY
STREET ADDRESS ONE WEEK DRIVE, PO BOX 12600
CITY-ST-ZIP RESEARCH TRIANGLE PARK NC 27709

TITLE D ☐ DELETE
NAME CHANCE, STEVEN K
STREET ADDRESS 630 W. GERMANTOWN PIKE
CITY-ST-ZIP PLYMOUTH MTG PA 19462

TITLE D ☐ DELETE
NAME SICKLER, JOHN J
STREET ADDRESS 1787 SENTRY PARKWAY WEST
CITY-ST-ZIP BLUE BELL PA 19422

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME zeurfoss
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/15/99

Date

(610) 948-2870

Daytime Phone #

CR2E034 (11/98)