ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

95 APR 18 PM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H55665 (4)

1. Corporation Name
ENDO-SCIENTIFIC, INC.

Principal Place of Business	Mailing Address
% HAL P. ZINNECKER 9291-130TH AVENUE NO., SUITE #410 LARGO FL 34643-1311	9291-130TH AVE. NO SUITE # LARGO FL 34643 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/07/1985
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business	2a. Mailing Address
21 1183 CEDAR STREET	26 1183 CEDAR STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SAFETY HARBOR, FL	City & State 28 SAFETY HARBOR, FL
Zip / Country 24 34695 / 25 USA	Zip / Country 29 34695 / 30 USA

4. FEI Number: 59-2522440 ☐ 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	10. Name and Address of New Registered Agent
ZINNECKER, HAL P. 9291 130TH AVE NORTH SUITE #410 LARGO FL 34643	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1183 CEDAR STREET 83 84 City: SAFETY HARBOR FL 65 Zip Code: 34695

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	XX Change ☐ Addition
NAME	ZINNECKER, HAL P.	1.2 NAME	
STREET ADDRESS	9291-130TH AVE. NORTH, SUITE #401	1.3 STREET ADDRESS	1183 CEDAR STREET
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	ZINNECKER, D.L.	2.2 NAME	
STREET ADDRESS	717 KERRIA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MCALLEN TX	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	ZINNECKER, R.O.	3.2 NAME	
STREET ADDRESS	6440 EVERHART #11G	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	ANASTASIADES, A	4.2 NAME	
STREET ADDRESS	2258 CURFEW ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: A. Anastasiades A. ANASTASIADES, TREASURER 4/15/95 813-789-9512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR4R11 CP