


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90007 029 \*\*\*158.75

<b>DOCUMENT # P03000011428</b>					
<b>1. Entity Name</b> ENDO-SURG TECHNOLOGIES, INC.					
<b>Principal Place of Business</b> 7754 VILLA NOVA DRIVE NORTH BOCA RATON, FL 33433			<b>Mailing Address</b> 7754 VILLA NOVA DRIVE NORTH BOCA RATON, FL 33433		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03182003    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 75-3145387				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SHARIPO, MICHAEL B. SHAPIRO, BLASI & WASSERMAN, P.A. 7777 GLADES ROAD, SUITE 200 BOCA RATON, FL 33434			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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 accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> President	<b>NAME</b> STANKO, LEE		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7754 VILLA NOVA DRIVE NORTH	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> D	<b>NAME</b> DIPASQUALE, ALICE		<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7754 VILLA NOVA DRIVE NORTH	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Vice President	<b>NAME</b> Andrew Petrovich		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1615 Lockridge Dr.	<b>CITY-ST-ZIP</b> Cumming, GA 30041			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Secretary	<b>NAME</b> Stanko, Lee		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7754 Villa Nova Dr., North	<b>CITY-ST-ZIP</b> Boca Raton, FL 33433			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Treasurer	<b>NAME</b> Andrew Petrovich		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1615 Lockridge Dr.	<b>CITY-ST-ZIP</b> Cumming, GA 30041			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>12. I hereby certify that the information supplied with this report 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 report 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.</b>					
<b>SIGNATURE:</b> _____			Date: 6/7/04    Daytime Phone #: 1124		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

44046623

