

FB4000142162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Endoscopy Specialists, Inc  
Name of Corporation

DOCUMENT NUMBER: P04000142162 FEI # 20-1773748

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mike Mason  
Name of Contact Person

Endoscopy Specialists Inc.  
Firm/Company

1011 Shotgun Road  
Address

Sunrise FL 33326  
City/State and Zip Code

endosolutions@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Mason at 305 608-8786  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Endoscopy Specialists Inc  
2. The principal office address: 1011 Shotgun Road  
Surfside FL 33326  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/14/2004 Document number: P04000142162

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

10096 NW 53 Street  
Surfside FL 33351

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

1011 Shotgun Road  
Surfside FL 33326

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Mike Mason President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

6/22/11  
Date

If signing on behalf of an entity:

Mike Mason  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)