

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # P05000056846

1. Entity Name

ENDOSCOPY PROFESSIONAL SERVICES, INC.



Principal Place of Business

8452 WEST STATE ROAD 84
DAVIE, FL 33324

Mailing Address

8452 WEST STATE ROAD 84
DAVIE, FL 33324



03162007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2764162

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ZOSIE
335 NW 105 TERR
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Zosie Perez

(NOTE: Registered Agent signature required when reinstating)

3-16-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	PEREZ, ZOSIE B PRESIDE
STREET ADDRESS	335 N.W. 105 TERRACE
CITY - ST - ZIP	PLANTATION, FL 33324

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/28/07-80064-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

Zosie Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07

Date

Daytime Phone #