

P08000018497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

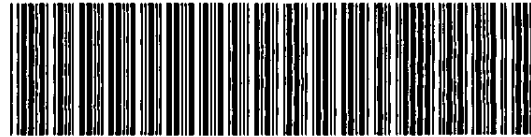
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800209947708

07/19/11--01034--009 \*\*35.00

FILED  
M JUL 28 PM 2:46  
SECRETARY OF STATE  
HARRISBURG, PA 17104

RAC Change  
07-28-11  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2011

MIKE MASON  
ENDOSCOPY SPECIALISTS INTERNATIONAL, INC  
1011 SHOTGUN ROAD  
SUNRISE, FL 33326

SUBJECT: ENDOSCOPY SPECIALISTS INTERNATIONAL, INC.  
Ref. Number: P08000018497

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

IS THE REGISTERED AGENT CHANGING FROM JACOB GLASER TO MICHAEL MASON AS MICHAEL HAS SIGNED ON THE LINE ACCEPTING THE APPOINTMENT AS REGISTERED AGENT??????

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 511A00017342

I had Jake sign. Sorry for the confusion. we are Both 50/50 owners and I did not realize. Jake was the Registered Agent.  
Thank you,  
Mike Mason

RECEIVED  
11 JUL 28 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Endoscopy Specialists International, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P08000018497 FEI# 26-2059250

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 International, Inc  
Firm/Company

1011 Shotgun Road  
Address

Sunrise, FL 33326  
City/State and Zip Code

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

For further information concerning this matter, please call:

Mike Mason at (352) 628-8786  
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 International, Inc.  
2. The principal office address: 1011 Shotgun Road  
Surprise FL 33326  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/29/2008 Document number: PO8000018497

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)

10084 NW 53rd Street  
Surprise FL 33351

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

1011 Shotgun Road  
Surprise FL 33326

P.O. Box NOT acceptable

FILED  
JUL 28 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Michael 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] Jacob S Glaser 6/22/11  
Signature of Registered Agent Date

If signing on behalf of an entity:

[Signature] Jacob S Glaser  
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