FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 14 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000011996 (4)**

1. Corporation Name
ENDOSCOPY SPECIALISTS, INC.

Principal Place of Business	Mailing Address
634 N. RIVERSIDE DR. NEW SMYRNA BEACH FL 32168	634 N. RIVERSIDE DR. NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/10/1993
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: 59-3169676 ☐ 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
MESSERVEY, JANET E 634 N. RIVERSIDE DR. NEW SMYRNA BEACH FL 32168	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BARTOS, CHRISTINE A	12 NAME		
STREET ADDRESS	3995 SAVANNAHS TRAIL	13 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BARTOS, SCOTT A	22 NAME		
STREET ADDRESS	3995 SAVANNAHS TRAIL	23 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	KUELL, GEORGE J	32 NAME		
STREET ADDRESS	634 N. RIVERSIDE DR.	33 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☑ Change ☐ Addition
NAME	KUELL, WILLIAM M	42 NAME		
STREET ADDRESS	1016 O'HANLON COURT	43 STREET ADDRESS	206 Versailles Drive	
CITY-ST-ZIP	OVIEDO FL 32765	44 CITY-ST-ZIP	Melbourne, FL 32951	
TITLE	D	51 TITLE		☑ Change ☐ Addition
NAME	RIDDELL, WILLIS T	52 NAME		
STREET ADDRESS	405 NW 100TH AVENUE	53 STREET ADDRESS	940 Fenton Lane Apt. #5	
CITY-ST-ZIP	PEMBROKE PINES FL	54 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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, added or deleted.

SIGNATURE: Scott Bartos Scott Bartos 4/10/95 (407) 452-9954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0010144 CP