

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000028177 (1)

1. Corporation Name

THE ENDOSCOPY CENTER, INC.



Principal Place of Business

5101 S.W. 8TH STREET
MIAMI FL 33134

Mailing Address

5101 S.W. 8TH STREET
MIAMI FL 33134

3. Date Incorporated or Qualified
04/13/1994

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
65-0499936

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

CORPORATION COMPANY OF MIAMI
210 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

81 Name

MOISES E. HERNANDEZ

82 Street Address (P.O. Box Number is Not Acceptable)

5101 S.W. 8th St.

83

84 City

Miami

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 X Moises E. Hernandez, M.D.

(Signature must be printed name of registered agent and his full title)

(Print Name, Registered Agent, and his full title)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME HERNANDEZ, MOISES E M.D.
STREET ADDRESS 5101 S.W. 8TH STREET
CITY - ST - ZIP MIAMI FL ☐ DELETE

TITLE DT
NAME FERRER, JOSE P M.D.
STREET ADDRESS 5101 S.W. 8TH STREET
CITY - ST - ZIP MIAMI FL ☐ DELETE

TITLE DP
NAME ALBERTI-FLOR, JUAN
STREET ADDRESS 5101 S.W. 8TH STREET
CITY - ST - ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-96 Per.

Date

Signature, Print #

CR2E034 (12/95)