2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000028177

1. Entity Name
THE ENDOSCOPY CENTER, INC.

FILED
04 NOV -9 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5101 S.W. 8TH STREET MIAMI, FL 33134	5101 S.W. 8TH STREET MIAMI, FL 33134

10212004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-0499936
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA C.P.A, MARCOS A
3663 SW 8 ST
SUITE 210
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name: MOISES E. HERNANDEZ, M.D
Street Address (P.O. Box Number is Not Acceptable): 5101 S.W 8 ST
City: MIAMI FL Zip Code: 33134

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: X _____ 11/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $800.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HERNANDE, EUGENE 5101 SW 87 ST MIAMI, FL 33134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition MOISES E. HERNANDEZ M.D 5101 S.W 8 ST MIAMI, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS VANGAN, CARLOS 5701 SW 8ST MIAMI, FL 33134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition JOSE P. FERRER, M.D 5101 S.W 8 ST MIAMI, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SIMON, BEHAN 5701 SW 87TH ST MIAMI, FL 33134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition JUAN ALBERTI FLOR M.D 5101 S.W 8 ST MIAMI FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900042611469 11/09/04--01089--014 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X _____ 11/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #