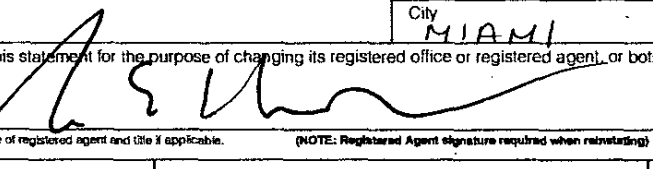
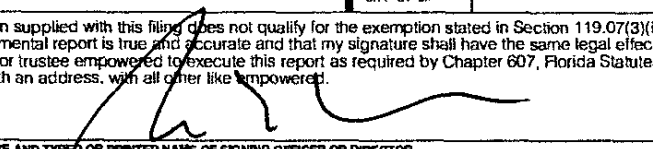


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000028177 1. Entity 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																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		FILED 04 NOV -9 AM 9:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA  10212004 REIN-P CR2E098 (6/04)																									
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				FILED 04 NOV -9 AM 9:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA  10212004 REIN-P CR2E098 (6/04)																									
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 MIAMI 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  11/3/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						FILED 04 NOV -9 AM 9:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA  10212004 REIN-P CR2E098 (6/04)																							
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00																													
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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:  11/3/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 11/3/04 Daytime Phone #																									