

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90031 003 ***150.00

DOCUMENT # P95000077116

1. Corporation Name

UNIVERSAL ENDOSCOPIC SERVICES, INC.

Principal Place of Business

13200 SW 128TH STREET
SUITE F4
MIAMI FL 33186

Mailing Address

13200 SW 128TH STREET
SUITE F4
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1995

2. Principal Place of Business

2a. Mailing Address

21 12223 Pembroke Rd
Suite, Apt. #, etc.

26 12223 Pembroke Rd
Suite, Apt. #, etc.

4. FEI Number

59-3349269

Applied For

Not Applicable

22 Pembroke Pines, FL
City & State

27 Pembroke Pines, FL
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 33025 Broward
Zip Country

28 33025 Broward
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 ☐ 25 ☐

29 ☐ 30 ☐

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADISON, JAMES R
6050 SW 127TH COURT
MIAMI FL 33183

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME MADISON, JAMES
STREET ADDRESS 6050 SW 127TH COURT
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME James Madison
1.3 STREET ADDRESS 3517 S.W. 174TH Way
1.4 CITY-ST-ZIP Miramar, FL 33029

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99 305.949.4738

CR2E034 (11/98)

596866-90031-3
P95000077116

July 22, 1999

**State of Florida Division of Corporation
PO Box 6327
Tallahassee, Fl. 32314**

**RE: Universal Endoscopic Services, Inc.
13200 SW 128th St. F4
Miami, Fl. 33196**

Doc. #: P95000077116

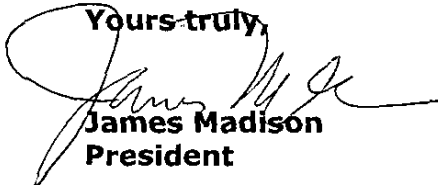
To Whom It May Concern:

This letter is to advise you that on 04/12/99 we sent the renewal of our corporation with check # 1003, in the amount \$ 150.00, we received a second notice from your office. As soon as we received the notice we called our bank, and the above check has not cleared, we put a stop payment and we are enclosing a new check and also a copy of the original renewal form that we sent to your office. As you can notice we have a new address please update your records accordingly.

If you have any questions, please do not hesitate to call us at (305)949-4738.

Thank you for your cooperation.

Yours truly,


**James Madison
President**