## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P95000077116

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FILED Apr 30, 2003 Secretary of State

Elluty Nai	IIIe: UNIVER	SAL ENDOSCOPIC SERVI	CES, INC.				
Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:			
SUITE 401	196TH AVENU KE PINES, FL						
Current M	lailing Addre	ss:	New Maili	New Mailing Address:			
SUITE 401	196TH AVENU KE PINES, FL						
FEI Number:	: 59-3349269	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Des	sired (X)	
Name and	Address of	Current Registered Agent	: Name and	I Address of N	ew Registered Agen	ıt:	
3517 SW 1	, JAMES R 174TH WAY , FL 33029	US					
	named entity e of Florida.	submits this statement for t	he purpose of changing	its registered of	fice or registered age	ent, or both,	
SIGNATUF	RE:						
	Electro	nic Signature of Registered	Agent		Date		
	mpaign Financir S AND DIREC	ng Trust Fund Contribution().	ADDITION	NS/CHANGES	TO OFFICERS AND	DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( MADISON, JAI 3517 SW 174 <sup>-</sup> MIRAMAR, FL	TH WAY	Title: Name: Address: City-St-Zip:	VP (X) MADISON, JAMI 3517 SW 174TH MIRAMAR, FL 3	l WAY		

() Delete Name: Address:

City-St-Zip:

( ) Change (X) Addition NAME: MADISON, GRACE R
Address: 3517 SW 47 CT 3517 SW 174TH WAY City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE R. MADISON 04/30/2003