

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000025197 (0)
1. Corporation Name
SPACE COAST OUTPATIENT ENDOSCOPY SERVICES, INC.



Principal Place of Business
9620 EXECUTIVE CENTER DRIVE, SUITE 125
ST. PETERSBURG FL 33702

Mailing Address
9620 EXECUTIVE CENTER DRIVE, SUITE 125
ST. PETERSBURG FL 33702-2442

3. Date Incorporated or Qualified 03/18/1996	3a. Date of Last Report
4. FEI Number 59-3369073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

BRONSTEIN, JOEL D ESQUIRE
150 SECOND AVENUE NORTH
SUITE 1100
ST. PETERSBURG FL 33701

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 JENKINS, JOHN <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9620 EXECUTIVE CENTER DRIVE, SUITE 125	1.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL 33702	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Pres.
STREET ADDRESS		2.3 STREET ADDRESS	Rex L. Gomez MD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1273 S. Florida Ave.
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Rockledge, FL 32955
STREET ADDRESS		3.3 STREET ADDRESS	Sec./Treas.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Timothy G. Lane MD
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Rockledge, FL 32955
STREET ADDRESS		4.3 STREET ADDRESS	Dir.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Abelardo V. Lacano MD
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Dir.
STREET ADDRESS		5.3 STREET ADDRESS	Andrew Tobkes MD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1257 S. Florida Ave.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Rockledge, FL 32955
STREET ADDRESS		6.3 STREET ADDRESS	Dir.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Richard Weber MD

14. I do 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0372622

CR2E034 (9/96)