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Jun 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthahn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000054722 (9)

1. Corporation Name  
PHYMATRIX ENDOSCOPY CENTER, INC.

Principal Place of Business 777 SO FLAGLER DRIVE STE 1000 EAST WEST PALM BEACH FL 33401	Mailing Address 777 SO FLAGLER DRIVE STE 1000 EAST WEST PALM BEACH FL 33401-6161
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2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/27/1996

3a. Date of Last Report

4. FEI Number

65-0678609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.  
777 SO FLAGLER DRIVE  
STE 1000 EAST  
WEST PALM BEACH FL 33401

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island

83

84 City

Plantation

FL

85 Zip Code  
33324

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 607.0502, Florida Statutes.

SIGNATURE

PETER F. SOUZA  
ASSISTANT SECRETARY

5/27/97

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

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	CEO/Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gosman, Abraham D	
1.3 STREET ADDRESS	777 South Flagler Dr. Ste 1000 East	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Miller, Robert A	
2.3 STREET ADDRESS	777 South Flagler Dr. Ste 1000 East	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Leathers, Frederick R	
3.3 STREET ADDRESS	777 South Flagler Dr. Ste 1000 East	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tidikis, Frank	
4.3 STREET ADDRESS	777 South Flagler Dr. Ste 1000 East	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Harvey, Don S	
5.3 STREET ADDRESS	777 South Flagler Dr. Ste 1000 East	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Schumann, Denise	
6.3 STREET ADDRESS	777 South Flagler Dr. Ste 1000 East	
6.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

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:

Denise Schumann 5/27/97 861-655-3530

CR2E034 (9/96)