2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# P97000037246

Entity Name: FACTORY AUTHORIZED MEDICAL SCOPE REPAIRS, INC.

Current Principal Place of Business:

2859 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2859 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-3198089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUNCANSON, NICOLE
2859 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TRANK, JEFFREY H
Address: 2859 WEST MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: WELBES, TIMOTHY
Address: 11295 W. ATLANTIC BLVD, SUITE 202
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete
Name: TRANK, RICHARD L
Address: 2859 WEST MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JEFF TRANK PRES 04/07/2004

Electronic Signature of Signing Officer or Director — Date