

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S49264** (2)

1. Corporation Name

NATIONAL ENDOSCOPY SERVICES, INC.



Principal Place of Business

**2200 TALL PINES DRIVE
SUITE 106
LARGO FL 34641
US**

Mailing Address

**2200 TALL PINES DR.
STE #106
LARGO FL 34641
US**

3. Date Incorporated or Qualified

04/29/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3072065

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

9. Name and Address of Current Registered Agent

**GILBERT SR., LAWRENCE G.
11492 61ST STREET, NORTH
PINELLAS PARK FL 34666**

10. Name and Address of New Registered Agent

81 Name

Gilbert Sr., Lawrence G.

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

8454 Meadow Brook Drive

83

84 City

Largo

FL

85 Zip Code

34647

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

Lawrence G. Gilbert, Sr.

Lawrence G. Gilbert, Sr. President March 8, 1996

(Signature typed or printed name of signing officer or director)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ST**
GILBERT, ELLEN K
STREET ADDRESS **11492 61ST ST NO.**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE ☐ DELETE

NAME **P**
GILBERT SR., LAWRENCE G.
STREET ADDRESS **11492 61ST STREET, NORTH**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **T**
Gilbert, Ellen K.
STREET ADDRESS **8454 Meadow Brook Drive**
CITY-ST-ZIP **Largo, FL 34647**

2.1 TITLE ☒ Change ☐ Addition

NAME **P**
Gilbert Sr., Lawrence G.
STREET ADDRESS **8454 Meadow Brook Drive**
CITY-ST-ZIP **Largo, FL 34647**

3.1 TITLE ☐ Change ☒ Addition

NAME **S**
Minisci, Connie K.
STREET ADDRESS **11613 Branch Mooring Drive**
CITY-ST-ZIP **Tampa, FL 33635**

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lawrence G. Gilbert, Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 1996 813-535-6242
Date Daytime Phone

CR2E034 (12/95)