

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

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May 12, 1999 8:00 am
Secretary of State

05-12-1999 90004 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S49264
1. Corporation Name

NATIONAL ENDOSCOPY SERVICES, INC.

Principal Place of Business 12167 49th Street N. Clearwater, FL 33762-4300 US	Mailing Address 12167 49th Street N. Clearwater, FL 33762 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1991	
21		26		4. FEI Number 59-3072065 ✓	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent

Gilbert Sr., Lawrence G.
8454 Meadow Brook Drive
Largo, FL 34647

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	
NAME	Gilbert, Ellen K.	1.2 NAME	
STREET ADDRESS	8454 Meadow Brook Drive	1.3 STREET ADDRESS	
CITY - ST - ZIP	Largo FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	
NAME	Gilbert Sr., Lawrence G.	2.2 NAME	
STREET ADDRESS	8454 Meadow Brook Drive	2.3 STREET ADDRESS	
CITY - ST - ZIP	Largo FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	Minisci, Connie K.	3.2 NAME	
STREET ADDRESS	11613 Branch Mooring Drive	3.3 STREET ADDRESS	
CITY - ST - ZIP	Tampa FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Connie K. Minisci

Connie K. Minisci

Date

Daytime Phone #

4-28-99 540-9696