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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **S70455** **(8)**

1. Corporation Name:

MANATEE ENDOSCOPY CENTER, INC.

Principal Place of Business	Mailing Address
6010 POINTE WEST BLVD. BRADENTON FL 34209	6010 POINTE WEST BLVD. BRADENTON FL 34209

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: **08/01/1991**
3a. Date of Last Report: **02/03/1994**

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

4. FEI Number: **65-0274252** — 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. Did corporation conduct business in Florida? [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOGGS, E. JACKSON 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA FL	81 Name: 82 Street Address (P.O. Box Number Not Acceptable): 83 84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Section 607.0505 and/or 617.0501, 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. I further certify that I am familiar with, and authorized by, the corporation to comply with, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND/OR DIRECTOR	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: HILL, GEOFFREY E. STREET ADDRESS: 6010 POINTE WEST BLVD. CITY, ST, ZIP: BRADENTON FL	TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is absolutely true and correct as required by Section 607.0505, Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and accurate and that my signature shall bear 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 all other like empowered.

SIGNATURE: Geoffrey W Hill MD — 4-28-95 — 813-792-4239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0338000 CP