

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 04 1998 8:00am
Secretary of State

DOCUMENT # S70455 (8)

1. Corporation Name
MANATEE ENDOSCOPY CENTER, INC.

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

Mailing Address
6010 POINTE WEST BLVD.
BRADENTON FL 34209



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1991

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. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 is Not Acceptable)

83

84 City

FL

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 D
NAME HILL, GEOFFREY W
STREET ADDRESS 6010 POINTE WEST BLVD.
CITY-ST-ZIP BRADENTON FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

Change

Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change

Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change

Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change

Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change

Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change

Addition

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.

SIGNATURE

[Signature]

1-28-98

CR2E034 (10/97)