


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90004 006 ***150.00

DOCUMENT # S70455 1. Entity Name MANATEE ENDOSCOPY CENTER, INC.	
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Principal Place of Business 6010 POINTE WEST BLVD. BRADENTON, FL 34209	Mailing Address 6010 POINTE WEST BLVD. BRADENTON, FL 34209
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2. Principal Place of Business 6302 Riverview Blvd. Suite, Apt. #, etc.	3. Mailing Address 6302 Riverview Blvd Suite, Apt. #, etc.
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City & State Bradenton, FL Zip 34209 Country USA	City & State Bradenton, FL Zip 34209 Country USA
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6. Name and Address of Current Registered Agent BOGGS, E. JACKSON 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA, FL	7. Name and Address of New Registered Agent Name Hill, Geoffrey W Street Address (P.O. Box Number is Not Acceptable) 6302 Riverview Blvd City Bradenton FL Zip Code 34209
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, GEOFFREY W 6010 POINTE WEST BLVD. BRADENTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6302 Riverview Blvd Bradenton, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Geoffrey W Hill 2 22-06 941-792-1458
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40017445



02082006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0274252 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required