# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAVIER SOBRADO, M.D.

Electronic Signature of Signing Officer/Director Detail

Entity Name: THE ENDOSCOPY CENTER INC

#### **Current Principal Place of Business:**

5101 SW 8 STREET MIAMI, FL 33134

### **Current Mailing Address:**

5101 SW 8 STREET MIAMI, FL 33134 US

## FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

SMITH, BUZZI & ASSOCIATES LLC 5901 SW 74 STREET SUITE 300 MIAMI, FL 33143 US

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.

SIGNATURE: JOSE E. SMITH				03/01/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Р	Title	VP	
Name	SOBRADO, JAVIER	Name	VELOSO, ALEXANDER	
Address	5101 SW 8 STREET	Address	5101 SW 8 STREET	
City-State-Zip:	MIAMI FL 33134		SUITE 200	
		City-State-Zip:	MIAMI FL 33134	
Title	S			
Name	ANDRADE, CHRISTIAN			
Address	5101 SW 8 STREET			
City-State-Zip:	MIAMI FL 33134			

Certificate of Status Desired: No

PRESIDENT

03/01/2021

FILED Mar 01, 2021 Secretary of State 2290335801CC

Date