

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000832

FILED
Jan 25, 2007
Secretary of State

Entity Name: SURGIPATH MEDICAL INDUSTRIES, INC.

Current Principal Place of Business:

5205 RT 12
RICHMOND, IL 60071

New Principal Place of Business:

Current Mailing Address:

5205 RT 12
RICHMOND, IL 60071

New Mailing Address:

FEI Number: 36-2899171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: MONEK, FRANK J
Address: 5205 RT 12
City-St-Zip: RICHMOND, IL 60071

Title: D () Delete
Name: MONEK, JOHN E
Address: 5205 RT 12
City-St-Zip: RICHMOND, IL 60071

Title: D () Delete
Name: DAVIS, DEFOREST P JR.
Address: 5205 RT 12
City-St-Zip: RICHMOND, IL 60071

Title: S () Delete
Name: NERI, CLAUDIA
Address: 5205 RT 12
City-St-Zip: RICHMOND, IL 60071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: FREDENBERG, JERRY L
Address: 5205 RT 12
City-St-Zip: RICHMOND, IL 60071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CUTHBERT, ANDREW
Address: 5205 RT 12
City-St-Zip: RICHMOND, IL 60071

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES J. GRIES

TR

01/25/2007

Electronic Signature of Signing Officer or Director

Date