

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000120113

FILED
Jan 11, 2005
Secretary of State

Entity Name: AMERICAN SURGICAL INSTRUMENT REPAIR, INC.

Current Principal Place of Business:

5967 HENSEL ROAD
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5967 HENSEL ROAD
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 42-1608092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, JAMES
5967 HENSEL ROAD
PORT ORANGE, FL 32127 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: P () Delete
Name: MULTOP, NEAL A
Address: 5967 HENSEL ROAD
City-St-Zip: PORT ORANGE, FL 32127

Title: V () Delete
Name: RICHARDSON, JAMES
Address: 5822 SPRUCE CREEK WOODS DR
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: MULTOP, KIMBERLY
Address: 5967 HENSEL ROAD
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: MULTOP, KIMBERLY
Address: 5967 HENSEL ROAD
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NEAL A MULTOP

PRES

01/11/2005

Electronic Signature of Signing Officer or Director

_____ Date