

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000120113

FILED  
Jul 29, 2008  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
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 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: NEAL A MULTOP

P

07/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date