2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90085 012 ***150.00

DOCUMENT # P98000081192

1. Entity Name
SURGICAL DEVELOPMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
14255 U.S. HIGHWAY 1 #208 JUNO BEACH FL 33408	14255 U.S. HIGHWAY 1 #208 JUNO BEACH FL 33408-1490

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0865598 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SHAFFER, ROGER L JR.
2201 CORPORATE BOULEVARD N.W.
SUITE 105
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: ROGER L. SHAFFER
Street Address (P.O. Box Number is Not Acceptable): 2261 CORPORATE BLVD SUITE 105
BOCA RATON
City FL Zip Code 33431

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.

SIGNATURE [signature] ROGER L SHAFFER 1-7-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCROGGINS, H S 14255 U.S. HIGHWAY 1 #208 JUNO BEACH FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMENT, ANTHONY E 14255 U.S. HIGHWAY 1 #208 JUNO BEACH FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] H.S. Scroggins 1/6/00 561-630-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #