2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

P98000081192

1. Entity Name
SURGICAL DEVELOPMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
14263 U.S. HIGHWAY 1 JUNO BEACH, FL 33408	18784 S.E. JUPITER RIVER D. JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

03292004

4. FEI Number
65-0865598

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. Name and Address of Current Registered Agent

SCROGGINS, STACY H
18784 SE JUPITER RIVER DR.
JUPITER, FL 33458

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

U00000100717
04/01/04-80019-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCROGGINS, H S
STREET ADDRESS	14263 U.S. HOGHWAY 1
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	D
NAME	SCROGGINS, DONNA
STREET ADDRESS	14263 U.S. HIGHWAY 1
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	D
NAME	REEVES, DANIEL J
STREET ADDRESS	14263 U.S. HIGHWAY 1
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. Stacy Scroggins 3/29/04 561-630-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #