

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096220

Entity Name: PREMIER SURGICAL, INC.

FILED
Mar 17, 2007
Secretary of State

Current Principal Place of Business:

3533 DOCKSIDER DRIVE NORTH
JACKSONVILLE, FL 32257

New Principal Place of Business:

12821 HAWK CREST PLACE
JACKSONVILLE, FL 32258

Current Mailing Address:

3533 DOCKSIDER DRIVE NORTH
JACKSONVILLE, FL 32257

New Mailing Address:

12821 HAWK CREST PLACE
JACKSONVILLE, FL 32258

FEI Number: 59-3609136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POUNDS, BRAD D
3533 DOCKSIDER DRIVE NORTH
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

POUNDS, BRAD D
12821 HAWK CREST PLACE
JACKSONVILLE, FL 32258 US

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:

03/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: POUNDS, BRAD D
Address: 3533 DOCKSIDER DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: POUNDS, BRAD D
Address: 12821 HAWK CREST PLACE
City-St-Zip: JACKSONVILLE, FL 32258

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: BRAD POUNDS

PRES

03/17/2007

Electronic Signature of Signing Officer or Director

Date