
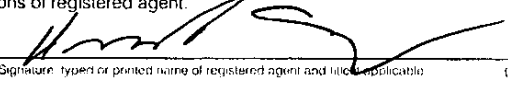


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90189 046 ***150.00

DOCUMENT # 425420			
1. Entity Name A AMERICAN SURGICAL SUPPLY CORP. OF WEST PALM BEACH			
Principal Place of Business 740 BELVEDERE ROAD WEST PALM BEACH FL 33405		Mailing Address 740 BELVEDERE ROAD WEST PALM BEACH FL 33405	
2. Principal Place of Business 3600 S. State Road 7		3. Mailing Address 3600 S. State Road 7	
Suite, Apt. #, etc. Suite 243		Suite, Apt. #, etc. Suite 243	
City & State MICAMAR, FL		City & State MICAMAR, FL	
Zip 33023	Country Dade	Zip 33023	Country Dade
6. Name and Address of Current Registered Agent CRUZ, HERNANDO 740 BELVEDERE ROAD WEST PALM BEACH FL 33405		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  (NOTE: Registered Agent signature required when reinstating) DATE 4/20/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CRUZ, HERNANDO 740 BELVEDERE ROAD WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TOREES, STEVEN 740 BELVEDERE ROAD WEST PALM BEACH FL 33405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/06 (954) 983-4166