

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 679900

FILED  
Apr 03, 2010  
Secretary of State

**Entity Name:** SENDREI SURGICAL INSTRUMENT COMPANY, INC.

**Current Principal Place of Business:**

1473 VILLAGE GREEN DR.  
UNIT B1  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1473 VILLAGE GREEN DR.  
UNIT B1  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 59-1899062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SENDREI LASLO  
1473 VILLAGE GREEN DR.  
UNIT B1  
PORT ST. LUCIE, FL 34952 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: SENDREI, LASLO B  
Address: 1473 VILLAGE GREEN DR., UNIT B1  
City-St-Zip: PT. ST. LUCIE, FL 34952

I hereby 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 all other like empowered.

**SIGNATURE:** SENDREI LASLO

PRES

04/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date