

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006738

Entity Name: SSI SURGICAL SERVICES, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

5776 HOFFNER AVENUE, SUITE #200
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5776 HOFFNER AVENUE, SUITE #200
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 11-2621408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: WHITTAKER, FORREST R
Address: 2345 WAUKEGAN ROAD
City-St-Zip: BANNOCKBURN, IL 60015

Title: PD () Delete
Name: TIHANKSY, CHRISTOPHER
Address: 5776 HOFFNER AVENUE, SUITE #200
City-St-Zip: ORLANDO, FL 32822

Title: V () Delete
Name: IRWIN, MIKE
Address: 5776 HOFFNER AVENUE, SUITE #200
City-St-Zip: ORLANDO, FL 32822

Title: TCFO () Delete
Name: D'ALESIO, PAUL
Address: 5776 HOFFNER AVENUE, SUITE #200
City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete
Name: CHANCE, STEVEN K
Address: 155 S. LIMERICK ROAD
City-St-Zip: LIMERICK, PA 19468

Title: AS (X) Delete
Name: SCHWARTZ, JOAN W
Address: 155 S LIMERICK RD
City-St-Zip: LIMERICK, PA 19468

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: D'ALESIO, PAUL
Address: 5776 HOFFNER AVENUE, SUITE #200
City-St-Zip: ORLANDO, FL 32822

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL D'ALESIO

SECR

04/25/2005

Electronic Signature of Signing Officer or Director

Date