

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90040 015 ***150.00

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DOCUMENT # F03000001606 1. Entity Name PRIME SOURCE SURGICAL, INC.			
Principal Place of Business 3700 E. COLUMBIA ST., STE. 100 TUCSON, AZ 85714		Mailing Address 3700 E. COLUMBIA ST., STE. 100 TUCSON, AZ 85714	
2. Principal Place of Business 3708 E. Columbia St.		3. Mailing Address 3708 E. Columbia St.	
Suite, Apt. #, etc. Ste. 110		Suite, Apt. #, etc. Ste. 110	
City & State Tucson, AZ		City & State Tucson, AZ	
Zip 85714		Zip 85714	
Country USA		Country USA	
01282005 Chg-P CR2E034 (10/03)		4. FEI Number 77-0431162	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD POTENZA, JOE 3700 E. COLUMBIA ST., STE. 100 TUCSON, AZ 85714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3708 E. Columbia St., Ste. 110 Tucson, AZ 85714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MCMEANS, SHAUN 3700 E. COLUMBIA ST., STE. 100 TUCSON, AZ 85714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3708 E. Columbia St., Ste. 110 Tucson, AZ 85714
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
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
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: <u>Shaun McMeans</u> Shaun McMeans, CFO		Date: <u>1-28-05</u> Daytime Phone #: <u>520-512-1100</u>	