

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004327

FILED
Jan 16, 2006
Secretary of State

Entity Name: THE SURGEONS-LINK, INC.

Current Principal Place of Business:

353 S. HAMPTON CLUB WAY
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

163 HAMPTON POINT DRIVE
SUITE 3
ST. AUGUSTINE, FL 32092

Current Mailing Address:

2220 CR 210 WEST STE. 108
#503
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 58-2589335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENALDY, DEL
353 S. HAMPTON CLUB WAY
ST. AUGUSTINE, FL 32092 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: P () Delete
Name: RISEN, AARON P
Address: 13907 LACLARA WAY
City-St-Zip: LOUISVILLE, KY 40299

Title: VP () Delete
Name: RENALDY, CARMEN A III
Address: 353 S. HAMPTON CLUB WAY
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: ST () Delete
Name: RENALDY, DELPHINE M
Address: 353 S. HAMPTON CLUB WAY
City-St-Zip: ST. AUGUSTINE, FL 32092

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:

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: DELPHINE M RENALDY

ST

01/16/2006

Electronic Signature of Signing Officer or Director

Date