

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000644

Entity Name: W D SURGICAL, INC.

FILED
Jan 18, 2009
Secretary of State

Current Principal Place of Business:

155 AVOLON WAY
THOMASVILLE, GA 31792

New Principal Place of Business:

155 AVALON WAY
THOMASVILLE, GA 31792

Current Mailing Address:

6816 SOUTHPOINT PARKWAY
SUITE 302
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-1473272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, ROWENA
6816 SOUTHPOINT PARKWAY
SUITE 302
JACKSONVILLE, FL 32216 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: PTC () Delete
Name: DURHAM, WADE
Address: 155 AVALON WAY
City-St-Zip: THOMASVILLE, GA 31792

Title: S () Delete
Name: DURHAM, ANGELA
Address: 155 AVALON WAY
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: K. WADE DURHAM

PTC

01/18/2009

Electronic Signature of Signing Officer or Director

Date