

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000000644

Entity Name: W D SURGICAL, INC.

**FILED**  
**May 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

155 AVALON WAY  
THOMASVILLE, GA 31792

**New Principal Place of Business:**

**Current Mailing Address:**

116 MADISON GROVE BLVD  
THOMASVILLE, GA 31757

**New Mailing Address:**

8181 FANNIN ST. #1437  
HOUSTON, TX 77054

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  
6900 PHILIPS HWY  
SUITE 16 BLDG 2  
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

**OFFICERS AND DIRECTORS:**

Title: PTC  
Name: DURHAM, WADE  
Address: 155 AVALON WAY  
City-St-Zip: THOMASVILLE, GA 31792

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

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: WADE DURHAM

PTC

05/24/2012

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

\_\_\_\_\_  
Date