2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000163

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: SUROS SURGICAL SYSTEMS, INC.

FILED Jun 01, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
	INOLOGY CENTER DR DLIS, IN 46278	
Current Mailing Address:		New Mailing Address:
	INOLOGY CENTER DR DLIS, IN 46278	35 CROSBY DRIVE BEDFORD, MA 01730
FEI Number:	35-2115487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		
1200 S PIN	DRATION SYSTEM E ISLAND RD DN, FL 33324 US	
The above in the State		r the purpose of changing its registered office or registered agent, or both,
SIGNATUR	E:	
	Electronic Signature of Registere	ed Agent Date
	e with s. 607.193(2)(b), F.S., the corporation paign Financing Trust Fund Contribution (•
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () Delete BAUMGARDT, JAMES R 111 MONUMENT CIRCLE SUITE 3570 INDIANAPOLIS, IN 46204	Title: CEO (X) Change () Addition Name: CUMMING, JOHN W Address: 35 CROSBY DRIVE City-St-Zip: BEDFORD, MA 01730
Title: Name: Address: City-St-Zip:	PCEO () Delete PEARSON, JIM 6100 TECHNOLOGY CENTER DR INDIANAPOLIS, IN 46278	Title: DIR (X) Change () Addition Name: STEIN, JAY A PHD Address: 35 CROSBY DRIVE City-St-Zip: BEDFORD, MA 01730
Title: Name: Address: City-St-Zip:	VCFO () Delete BRAUER, KEITH E 111 MONUMENT CIRCLE SUITE 2900 INDIANAPOLIS, IN 46204	Title: CFO (X) Change () Addition Name: MUIR, GLENN P Address: 35 CROSBY DRIVE City-St-Zip: BEDFORD, MA 01730
Title: Name: Address: City-St-Zip:	SC () Delete HENDERSON, EUGENE L 1 INDIANA SQUARE SUITE 2600 INDIANAPOLIS, IN 46204	Title: PRES (X) Change () Addition Name: CASCELLA, ROBERT A Address: 35 CROSBY DRIVE City-St-Zip: BEDFORD, MA 01730
Title: Name:	D () Delete HUSAIN, FAZLE	Title: SRVP (X) Change () Addition Name: LAVALLEE, ROBERT H

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

35 CROSBY DRIVE BEDFORD, MA 01730

LEVY, LAWRENCE

35 CROSBY DRIVE

BEDFORD, MA 01730

(X) Change () Addition

DIR

SIGNATURE: ROBERT H. LAVALLEE SRVP 06/01/2007

1585 BROADWAY 38TH FLOOR

() Delete

6100 TECHNOLOGY CENTER DR

NEW YORK, NY 10036

INDIANAPOLIS, IN 46278

MARK, JOSEPH L