2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2011
Secretary of State

DOCUMENT# F06000000163

Entity Name: SUROS SURGICAL SYSTEMS, INC.

Current Principal Place of Business:

6100 TECHNOLOGY CENTER DR
INDIANAPOLIS, IN 46278

New Principal Place of Business:

Current Mailing Address:

35 CROSBY DRIVE
BEDFORD, MA 01730

New Mailing Address:

FEI Number: 35-2115487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PRES
Name: CASCELLA, ROBERT A
Address: 35 CROSBY DRIVE
City-St-Zip: BEDFORD, MA 01730

Title: VP
Name: MUIR, GLENN P
Address: 35 CROSBY DRIVE
City-St-Zip: BEDFORD, MA 01730

Title: VP
Name: LAVALLEE, ROBERT H
Address: 35 CROSBY DRIVE
City-St-Zip: BEDFORD, MA 01730

Title: SCTY
Name: OBERTON, KARLEEN
Address: 35 CROSBY DRIVE
City-St-Zip: BEDFORD, MA 01730

Title: DIR
Name: CASCELLA, ROBERT A
Address: 35 CROSBY DRIVE
City-St-Zip: BEDFORD, MA 01730

Title: DIR
Name: MUIR, GLENN P
Address: 35 CROSBY DRIVE
City-St-Zip: BEDFORD, MA 01730

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: ROBERT H. LAVALLEE VP 03/08/2011

Electronic Signature of Signing Officer or Director Date