

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001878

Entity Name: PLASMA SURGICAL INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1125 NORTHMEADOW PARKWAY  
SUITE 100  
ROSWELL, GA 30076 US

**New Principal Place of Business:**

**Current Mailing Address:**

1125 NORTHMEADOW PARKWAY  
SUITE 100  
ROSWELL, GA 30076 US

**New Mailing Address:**

FEI Number: 20-1190636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CEO  
Name: GIBSON, PETER  
Address: GREENHAYS ABBOTTS ANN  
City-St-Zip: ANDOVER, SP1 7BH UK

Title: CFO  
Name: NEWLANDS, WILLIAM  
Address: 12735 ETRIS ROAD  
City-St-Zip: ROSWELL, GA 30075 US

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: WILLIAM NEWLANDS

CFO

04/29/2011

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

\_\_\_\_\_  
Date