2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006098

Entity Name: SURGICAL OUTCOME SUPPORT, INC

FILED Jan 16, 2007 Secretary of State

Littly Name. Surgical outcome support, inc.							
Current Principal Place of Business:				New Principal Place of Business:			
600 HERITAGE DR., SUITE 110 JUPITER, FL 33458				7108 FAIRWAY DRIVE SUITE 205 PALM BEACH GARDENS, FL 33418			
Current Mailing Address:				New Mailing Address:			
600 HERITAGE DR., SUITE 110 JUPITER, FL 33458				7108 FAIRWAY DRIVE SUITE 205 PALM BEACH GARDENS, FL 33418			
FEI Number: 2	20-5358832	FEI Number Applied For ()	FEI Num	nber Not Applic	cable ()	Certificate of Status De	sired ()
Name and	Address of Cu	rrent Registered Agent:	Name and Address of New Registered Agent:				
DANIELS, ALYS NAGLER 701 US HWY. ONE, SUITE 402 N. PALM BCH, FL 33408 US 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.							
SIGNATUR		Signature of Registered Agen				Doto	
Election Cam		rust Fund Contribution ().	IL			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCEO () D REED, MICHAEL 600 HERITAGE D JUPITER, FL 334	R., SUITE 110 158		Title: Name: Address: City-St-Zip:	REED, MICH 7108 FAIRW PALM BEACH	AY DRIVE, STE 205 H GARDENS, FL 33418	
Title: Name: Address: City-St-Zip:	DS () D SPECTOR, AARC 600 HERITAGE D JUPITER, FL 334	N R., SUITE 110		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DVT () D LOPPERT, DAVID 600 HERITAGE D JUPITER, FL 334	OA R., SUITE 110		Title: Name: Address: City-St-Zip:	LOPPERT, D 7108 FAIRW	(X) Change () Addition AVID A 'AY DRIVE, STE 205 H GARDENS, FL 33451	
Title: Name: Address: City-St-Zip:	CFO () D LOPPERT, DAVIE 600 HERITAGE D JUPITER, FL 334	R., SUITE 110		Title: Name: Address: City-St-Zip:	FREDERICK 7108 FAIRW	(X) Change()Addition SON, TUCKER 'AY DRIVE, STE 205 H GARDENS, FL 33418	
Title: Name: Address: City-St-Zip:	()D	elete		Title: Name: Address: City-St-Zip:	AMBROSE, F 7108 FAIRW	() Change (X) Addition FRANKLIN W 'AY DRIVE, STE 205 H GARDENS, FL 33418	

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID A. LOPPERT DVT 01/16/2007