2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003090

Entity Name: SSI SURGICAL SERVICES, INC.

FILED Apr 22, 2010 Secretary of State

New Principal Place of Business:

Current Principal Place of Business:

5776 HOFFNER AVE SUITE 200 ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

155 S. LIMERICK ROAD 5776 HOFFNER AVE SUITE 200 LIMERICK, PA 19468 ORLANDO, FL 32822

FEI Number: 26-0176526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO

Name: BRUKARDT, GARY A

Address: 3100 WEST END AVE SUITE 800

City-St-Zip: NASHVILLE, TN 37203

Title: DP

Name: GUIDRY, GARY

Address: 5776 HOFFNER AVE SUITE 200

City-St-Zip: ORLANDO, FL 32822

Title: DV

Name: MALONEY, DAVID M

Address: 3100 WEST END AVE SUITE 800

City-St-Zip: NASHVILLE, TN 37203

Title: DT

Name: MAULDIN, J. MICHAEL

Address: 3100 WEST END AVE SUITE 800

City-St-Zip: NASHVILLE, TN 37203

Title: DS

Name: GRIFFIN, CHRISTI D

Address: 3100 WEST END AVE SUITE 800

City-St-Zip: NASHVILLE, TN 37203

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: GARY GUIDRY DP 04/22/2010