

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003090

FILED
Apr 22, 2010
Secretary of State

Entity Name: SSI SURGICAL SERVICES, INC.

Current Principal Place of Business:

5776 HOFFNER AVE SUITE 200
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

155 S. LIMERICK ROAD
LIMERICK, PA 19468

New Mailing Address:

5776 HOFFNER AVE SUITE 200
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:

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

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

Electronic Signature of Signing Officer or Director

_____ Date