

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000320

FILED
Apr 28, 2009
Secretary of State

Entity Name: MEDSURG SPECIALTY DEVICES, INC.

Current Principal Place of Business:

633 VILLAGE LANE NORTH
MANDEVILLE, LA 70471

New Principal Place of Business:

Current Mailing Address:

633 VILLAGE LANE NORTH
MANDEVILLE, LA 70471

New Mailing Address:

FEI Number: 43-2111111

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 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OD () Delete
Name: RABBAT, MOUNIR
Address: 633 VILLAGE LANE NORTH
City-St-Zip: MANDEVILLE, LA 70471

Title: D () Delete
Name: OBAYASHI, TOSHIO
Address: 335 MADISON AVE
City-St-Zip: NEW YORK, NY 10017

Title: D () Delete
Name: MIESIAK, ANDREW
Address: 335 MADISON AVE
City-St-Zip: NEW YORK, NY 10017

Title: DO () Delete
Name: WIEZBINSKI, MICHAEL C
Address: 633 VILLAGE LANE NORTH
City-St-Zip: MANDEVILLE, LA 70471

Title: D () Delete
Name: HOVORKA, LUKAS
Address: 335 MADISON AVE
City-St-Zip: NEW YORK, NY 10017

Title: DO () Delete
Name: LAWSON, H.A.
Address: 335 MADISON AVE
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT L. BYRNE, JR.

COO

04/28/2009

Electronic Signature of Signing Officer or Director

Date