2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# F08000000523

Entity Name: SURGICARE MEDICAL PRODUCTS CORP.

Current Principal Place of Business:

285 NW 121 COURT
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

285 NW 121 COURT
MIAMI, FL 33182

New Mailing Address:

FEI Number: 66-0665562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIGUOEROA, ANTHONY
11980 S.W. 144 COURT
SUITE 111
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

FIGUOEROA, ANTHONY
13081 S W 133 COURT
MIAMI, FL 33186 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: ANTHONY FIGUEROA 06/25/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete
Name: FIGUEROA, ANTHONY
Address: 11980 S.W. 144 COURT, SUITE 111
City-St-Zip: MIAMI, FL 33186

Title: PST ( ) Delete
Name: FIGUEROA, ANTHONY
Address: 11980 S.W. 144 COURT, SUITE 111
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change ( ) Addition
Name: FIGUEROA, ANTHONY
Address: 13081 S W 133 COURT
City-St-Zip: MIAMI, FL 33186

Title: PST (X) Change ( ) Addition
Name: FIGUEROA, ANTHONY
Address: 13081 S W 133 COURT
City-St-Zip: MIAMI, FL 33186

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: ANTHONY FIGUEROA PR 06/25/2009
Electronic Signature of Signing Officer or Director Date