

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004712

Entity Name: NCONTACT SURGICAL, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

1001 AVIATION PARKWAY SUITE 400
MORRISVILLE, NC 27560

New Principal Place of Business:

Current Mailing Address:

1001 AVIATION PARKWAY SUITE 400
MORRISVILLE, NC 27560

New Mailing Address:

FEI Number: 20-2105442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD.
1540 GLENWAY DR
TALLAHASSEE, FL 32301 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: D () Delete
Name: DOUGHERTY, DENNIS
Address: 1001 AVIATION PARKWAY SUITE 400
City-St-Zip: MORRISVILLE, NC 27560

Title: D () Delete
Name: EARTHMAN, WILLIAM
Address: 1001 AVIATION PARKWAY SUITE 400
City-St-Zip: MORRISVILLE, NC 27560

Title: D () Delete
Name: ESTES, MICHAEL
Address: 1001 AVIATION PARKWAY SUITE 400
City-St-Zip: MORRISVILLE, NC 27560

Title: D () Delete
Name: UHRIN, JOHN
Address: 1001 AVIATION PARKWAY SUITE 400
City-St-Zip: MORRISVILLE, NC 27560

Title: DP () Delete
Name: FUNKHOUSER, JOHN
Address: 1001 AVIATION PARKWAY SUITE 400
City-St-Zip: MORRISVILLE, NC 27560

Title: CEO () Delete
Name: FUNKHOUSER, JOHN
Address: 1001 AVIATION PARKWAY SUITE 400
City-St-Zip: MORRISVILLE, NC 27560

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
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: NATHALIE GREENE

VP

04/21/2009

Electronic Signature of Signing Officer or Director

Date