## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000005135

Entity Name: NEW WAVE SURGICAL CORP.

## FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3700 NW 124TH STREET SUITE 135 CORAL SPRINGS, FL 33065				3700 NW 124TH AVENUE SUITE 135 CORAL SPRINGS, FL 33065			
Current Mailing Address:				New Mailing Address:			
97-45 GUEENS BOULEVARD SUITE 616 REGO PARK, NY 11374				3700 NW 124TH AVENUE SUITE 135 CORAL SPRINGS, FL 33065			
FEI Number:	25-1226525	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( ) Cert	tificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GOMEZ, ALEXANDER 3700 NW 124TH STREET CORAL SPRINGS, FL 33065 US				GOMEZ, ALEXANDER 3700 NW 124TH STREET SUITE 135 CORAL SPRINGS, FL 33065 US			
in the State		ubmits this statement for the pur	pose o	cnanging it	s registerea office	or registered agent, or both,	
SIGNATURE:				04/30/2009			
	Electroni	c Signature of Registered Agent	t			Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C () WIDMARK, AND 212 W MAIN STE DURHAM, NC 2	REET		Title: Name: Address: City-St-Zip:	()Chan	nge ()Addition	
Title: Name: Address: City-St-Zip:	HECK, SANDY	REET, APT. NO 2F		Title: Name: Address: City-St-Zip:	()Chan	nge ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I GOOCH, JAMES 1221 ROUTE 22 LEBANON, NJ 0	EAST NO. 3		Title: Name: Address: City-St-Zip:	()Chan	nge ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I MCBRIDE, DANI 15 HAMPDEN ST NORTHHAMPTO	EL G DR.		Title: Name: Address: City-St-Zip:	D (X) Char MCBRIDE, DANIEL G 6 DEER HAVEN DRIV HAYDENVILLE, MA	BDR. /E	
Title: Name: Address: City-St-Zip:	P () I GOMEZ, ALEXA 62-57 BOOTH S' REGO PARK, N	reet		Title: Name: Address: City-St-Zip:	P (X) Char GOMEZ, ALEXANDE 623 LAKEVIEW DRIV CORAL SPRINGS, FI	/E	
Title: Name: Address: City-St-Zip:	S ()  LOPEZ, MICHAE 46-04 193RD ST AUBURNDALE, N	REET		Title: Name: Address: City-St-Zip:	()Chan	nge ( ) Addition	

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: MICHAEL LOPEZ SECR 04/30/2009