

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005135

FILED
Feb 09, 2011
Secretary of State

Entity Name: NEW WAVE SURGICAL CORP.

Current Principal Place of Business:

3700 NW 124TH AVENUE
SUITE 135
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3700 NW 124TH AVENUE
SUITE 135
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 25-1226525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMEZ, ALEXANDER
3700 NW 124TH STREET
SUITE 135
CORAL SPRINGS, FL 33065 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

OFFICERS AND DIRECTORS:

Title: C
Name: WIDMARK, ANDREW B
Address: 212 W MAIN STREET
City-St-Zip: DURHAM, NC 277013239

Title: D
Name: FANELLI, ROBERT MD
Address: 125 GREENRIDGE DRIVE
City-St-Zip: DALTON, MA 01226

Title: D
Name: GOOCH, JAMES C
Address: 1221 ROUTE 22, EAST NO. 3
City-St-Zip: LEBANON, NJ 08833

Title: D
Name: SNIBBE, ROBERT M JR.
Address: 5 PELICAN PLACE
City-St-Zip: BELLEAIR, FL 33756

Title: P
Name: GOMEZ, ALEXANDER
Address: 623 LAKEVIEW DRIVE
City-St-Zip: CORAL SPRINGS, FL 22071

Title: S
Name: LOPEZ, MICHAEL
Address: 5100 NORTH SPRINGS WAY
City-St-Zip: CORAL SPRINGS, FL 33076

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: MICHAEL LOPEZ

SECR

02/09/2011

Electronic Signature of Signing Officer or Director

Date