

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H88690

Entity Name: SUNBELT SURGICAL, INC.

FILED
Apr 19, 2004
Secretary of State

Current Principal Place of Business:

13015 WATERFORD RUN DRIVE
RIVERVIEW, FL 33569 US

New Principal Place of Business:

8914 EAGLE WATCH DR.
RIVERVIEW, FL 33569 US

Current Mailing Address:

13015 WATERFORD RUN DR.
RIVERVIEW, FL 33569

New Mailing Address:

8914 EAGLE WATCH DR.
RIVERVIEW, FL 33569

FEI Number: 59-2684873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUDLEY, WILLIAM J
13015 WATERFORD RUN DRIVE
RIVERVIEW, FL 33569

Name and Address of New Registered Agent:

HANDLEY, WILLIAM J
8914 EAGLE WATCH DR.
RIVERVIEW, FL 33569

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: WILLIAM HANDLEY

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANDLEY, WILLIAM J.,
Address: 13015 WATERFORD RUN DR.
City-St-Zip: RIVERVIEW, FL

Title: V () Delete
Name: HANDLEY, KATHLEEN M.,
Address: 13015 WATERFORD RUN DR.
City-St-Zip: RIVERVIEW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HANDLEY, WILLIAM J.,
Address: 8914 EAGLE WATCH DR.
City-St-Zip: RIVERVIEW, FL

Title: V (X) Change () Addition
Name: HANDLEY, KATHLEEN M.,
Address: 8914 EAGLE WATCH DR.
City-St-Zip: RIVERVIEW, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM HANDLEY

P

04/19/2004

Electronic Signature of Signing Officer or Director

Date