1. Entity Name	2006 FOR PROFIT CORPORATION ANNUAL REPORT					FILED May 01, 2006 8:00 an Secretary of State			
MITJANS	1ENT # K32628 surgical, inc.					90472 004 ***150			
777 E 25 ST 777 E SUITGE 109 SUITE		Mailing Address 777 E 25ST SUITE 109 HIALEAH, FL 33013	7 E 25ST ITE 109						
 Principal Plac Suite, Apt. #, 		3. Mailing Address Suite, Apt. #, etc.							
SUITE 109 City & State		City & State		4. FEI Number	Chg-P	CR2E034 (11/05)	plied For		
Zip	Country	Zip	Country	65-007007 5. Certificate of St		See Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MITJANS, AURELIO 777 E 25ST SUIT 109 HIALEAH, FL 33013			Name Street Address (P.O. Box Number is Not Acceptable)						
0 The above a		ent for the purpose of changing its	City		the Claim of De	FL Zip Code			
SIGNATURE	ins of registered agent. Signature, typed or printed name of registered NOW!!! FEE IS \$150.00 y 1, 2006 Fee will be \$5	9. Election Campa		5.00 May Be		DATE			
10		AND DIRECTORS	11.	ADDITIONS/CHA	NGES TO OFF	ICERS AND DIRECTOR	3 IN 11		
NAME STREET ADDRESS	DP MITJANS, AURELIO 777 E SE ST STE 109 HIALEAH, FL 33013	Delete	TITLE NAME STREET ADDRESS 7 CITY-ST-ZIP	77 E 25 ST S	STE 109	X Change	Addition		
HITLE NAME STREET ADDRESS CITY • ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		Delete	TIFLE NAME STREET ADDRESS CITY - ST- ZIP			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		e e	🛄 Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
12. Thereby ce indicated c of the corp changed, (ertily that the information supplie on this report or supplemental re- poration or the receiver or trustee or on an atlachment with an add	d with this filing does not qualify f port is rue and accurate and that empowered to execute this repor ress, with all other like empowered	or the exemptions contain my signature shall have the t as required by Chapter d.	ned in Chapter 119, Flo ne same legal effect as 607, Florida Statutes; a	orida Statutes. I if made under nd that my nam	further certify that the in oath; that I am an officer ie appears in Block 10 o	nformation or director r Block 11 if		
SIGNATI	URE: _		liô Mitjans-	Pres. 04,	/24/06	305-836-1	.077		