

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000012540

**FILED**  
**Jan 12, 2006**  
**Secretary of State**

**Entity Name:** O.N.E. SURGICAL CORP. OF CENTRAL FLORIDA

**Current Principal Place of Business:**

2316 PIN OAK LANE WEST  
CLEARWATER, FL 33759

**New Principal Place of Business:**

2966 EAGLE ESTATES CIRCLE WEST  
CLEARWATER, FL 33761

**Current Mailing Address:**

POST OFFICE BOX 14255  
CLEARWATER, FL 33766

**New Mailing Address:**

**FEI Number:** 59-3626614      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHARF, MATTHEW  
2316 PIN OAK LANE WEST  
CLEARWATER, FL 33759      US

**Name and Address of New Registered Agent:**

SHARF, MATTHEW  
2966 EAGLE ESTATES CIRCLE WEST  
CLEARWATER, FL 33761      US

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

01/12/2006

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:            P            ( ) Delete  
Name:            SHARF, ARLENE J  
Address:        2316 PIN OAK LANE WEST  
City-St-Zip:    CLEARWATER, FL 33759

Title:            VP            ( ) Delete  
Name:            SHARF, MATTHEW  
Address:        2316 PIN OAK LANE WEST  
City-St-Zip:    CLEARWATER, FL 33759

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            P            (X) Change ( ) Addition  
Name:            SHARF, ARLENE J  
Address:        2966 EAGLE ESTATES CIRCLE WEST  
City-St-Zip:    CLEARWATER, FL 33761

Title:            VP            (X) Change ( ) Addition  
Name:            SHARF, MATTHEW  
Address:        2966 EAGLE ESTATES CIRCLE WEST  
City-St-Zip:    CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the 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: MATTHEW SHARF

Electronic Signature of Signing Officer or Director

VP

01/12/2006

Date