

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000012540

FILED  
Feb 08, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2966 EAGLE ESTATES CIRCLE WEST  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**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  
2966 EAGLE ESTATES CIRCLE WEST  
CLEARWATER, FL 33761 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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: MATTHEW SHARF

VP

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date