

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000070148

Entity Name: THE SEAT SURGEON, INC.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1406 LAKEMIST LANE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1406 LAKEMIST LANE  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 59-3673611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ELIEFF, DAVID G  
1406 LAKEMIST LANE  
CLERMONT, FL 34711 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: D  
Name: ELIEFF, DAVID G  
Address: 1406 LAKEMIST LANE  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: ELIEFF, SUSANN  
Address: 1406 LAKEMIST LANE  
City-St-Zip: CLERMONT, FL 34711

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: DAVID G, ELIEFF

PRE

04/11/2012

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

\_\_\_\_\_  
Date