

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117712

Entity Name: SURGICAL VIDEOS, INC.

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

2 N TUTTLE AVE
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2893 KENSINGTON TRACE
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3750269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERSEM, THOMAS G
1421 CT ST STE B
CLEARWATER, FL 33756 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: ST () Delete
Name: NIXON, SAMUEL F II
Address: 2893 KENSINGTON TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: P () Delete
Name: ARMER, TONY A
Address: 1879 CLEARBROOKE DR.
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMUEL F. NIXON III

ST

01/13/2005

Electronic Signature of Signing Officer or Director

Date