



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000003160		
1. Entity Name SURGICAL CONSULTANTS, INC.		
Principal Place of Business 10980 NW 27 PLACE SUNRISE, FL 33322		Mailing Address 10980 NW 27 PLACE SUNRISE, FL 33322
DO NOT WRITE IN THIS SPACE		
		 02262006 No Chg-P CR2E034 (11/05)
4. FEI Number 60-0002379		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent EDWARDS, JASON 10980 NW 27 PLACE SUNRISE, FL 33322		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		00000503920 04/26/06-80051-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JASON 10980 NW 27 PLACE SUNRISE, FL 33322	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 03-03-06 Daytime Phone # _____