2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2005
Secretary of State

DOCUMENT# P02000090762

Entity Name: OPCAB SURGEON, INC.

Current Principal Place of Business:

803 SLASHPINE CT.
NAPLES, FL 34108

New Principal Place of Business:

762 LYNNMORE LANE
NAPLES, FL 34108

Current Mailing Address:

803 SLASHPINE CT.
NAPLES, FL 34108

New Mailing Address:

762 LYNNMORE LANE
NAPLES, FL 34108

FEI Number: 06-1644919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCULTZ, SCOT C
803 SLASHPINE CT.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

SCHULTZ, SCOT C
LYNNMORE LANE
NAPLES, FL 34108 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: SCOT SCHULTZ 09/11/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: SCULTZ, SCOT C
Address: 803 SLASHPINE CT.
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: SCHULTZ, SCOT C
Address: 762 LYNNMORE LANE
City-St-Zip: NAPLES, FL 34108

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: SCOT SCHULTZ PS 09/11/2005
Electronic Signature of Signing Officer or Director Date