2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# P02000108508

Entity Name: AMR SURGICAL SALES, INC.

Current Principal Place of Business:

1593 STONEBRIAR RD
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

1936 QUAKER RIDGE DR
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

1593 STONEBRIAR RD
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

1936 QUAKER RIDGE DR
GREEN COVE SPRINGS, FL 32043

FEI Number: 01-0745824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROURKE, ANN M
3685 LA COSTA COURT
GREEN COVE, FL 32043 US

Name and Address of New Registered Agent:

ROURKE, ANN M
1936 QUAKER RIDGE DR
GREEN COVE, FL 32043 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: 04/20/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROURKE, ANN M
Address: 3685 LA COSTA COURT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROURKE, ANN M
Address: 1936 QUAKER RIDGE DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANN M. ROURKE P 04/20/2006
Electronic Signature of Signing Officer or Director — Date