

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033804

Entity Name: PA SURGICAL, INC.

FILED  
Jan 26, 2005  
Secretary of State

**Current Principal Place of Business:**

1001 NORTH FEDERAL HIGHWAY  
354  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1001 NORTH FEDERAL HIGHWAY  
354  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

FEI Number: 51-0454607      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

YAROSH, RICK  
220 SW 9TH AVE., #407  
HALLANDALE BEACH, FL 33009      US

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

YAROSH, RICK  
8110 CLEARY BLVD  
1110  
PLANTATION, FL 33324 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: RICK YAROSH

01/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: YAROSH, RICK  
Address: 220 SW 9TH AVE., #407  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: YAROSH, RICK  
Address: 8110 CLEARY BLVD  
City-St-Zip: PLANTATION, FL 33324

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: RICK YAROSH

PD

01/26/2005

Electronic Signature of Signing Officer or Director

Date