

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065964

FILED  
Jan 14, 2005  
Secretary of State

Entity Name: SURGICHIP, INC.

**Current Principal Place of Business:**

4398 HICKORY DRIVE  
OPALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

4398 HICKORY DRIVE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4398 HICKORY DRIVE  
OPALM BEACH GARDENS, FL 33418

**New Mailing Address:**

4398 HICKORY DRIVE  
PALM BEACH GARDENS, FL 33418

FEI Number: 54-2115448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CIKLIN, ALAN J ESQ.  
BOOSE CASEY CIKLIN LUBITZ MARTENS MCBANE  
515 N. FLAGLER DRIVE, 18TH FLOOR  
WEST PALM BEACH, FL 33401 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: PRES ( ) Delete  
Name: WAXMAN, BRUCE DR.  
Address: 4398 HICKORY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPRES ( ) Delete  
Name: WAXMAN, LYNN  
Address: 4398 HICKORY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**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: DR. BRUCE WAXMAN

PRES

01/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date