


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000065964  
 1. Entity Name  
 SURGICHIP, INC.



Principal Place of Business 4398 HICKORY DRIVE PALM BEACH GARDENS, FL 33418	Mailing Address 4398 HICKORY DRIVE PALM BEACH GARDENS, FL 33418
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**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2115448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. 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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES WAXMAN, BRUCE DR. 4398 HICKORY DRIVE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPRE WAXMAN, LYNN 4398 HICKORY DRIVE PALM BEACH GARDENS, FL 33418
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01/24/06-80082-018 150.00

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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: *Shirleyann V. President* Date: 1/13/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #