2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087709

Entity Name: LEGACY SURGICAL SALES, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
581 MARM TAMPA, F					
Current Mailing Address:			New Mailing Address:		
581 MARM TAMPA, FI					
FEI Number:	: 51-0477705	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	LRESQ YPRESS ST S L33607 U				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES (BOLING, ALAN 581 MARMOR TAMPA, FL 33	A AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: ALAN D. BOLING PRES 04/22/2009