

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099563

Entity Name: SINCLAIR SURGICAL, P.A.

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

40124 HWY 27
SUITE 206
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

40124 HWY 27
SUITE 206
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 20-0224569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINCLAIR, KARLENE E
40124 HWY 27
SUITE 206
DAVENPORT, FL 33837 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: D () Delete
Name: SINCLAIR, KARLENE E
Address: 40124 HWY 27, SUITE 206
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: SINCLAIR, KARLENE E
Address: 40124 HWY 27, SUITE 206
City-St-Zip: DAVENPORT, FL 33837

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: KARLENE E SINCLAIR

OWNE

01/10/2007

Electronic Signature of Signing Officer or Director

Date