

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128851

FILED  
Aug 02, 2005  
Secretary of State

Entity Name: MINIMALLY INVASIVE SURGERY, INC.

## Current Principal Place of Business:

1699 E OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33334

## New Principal Place of Business:

4100 S. HOSPITAL DRIVE  
SUITE 209  
PLANTATION, FL 33317

## Current Mailing Address:

1699 E OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33334

## New Mailing Address:

4100 S. HOSPITAL DRIVE  
SUITE 209  
PLANTATION, FL 33317

FEI Number: 20-0382179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MOORE, JR., RONALD E M.D.  
1699 E OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33334 US

## Name and Address of New Registered Agent:

MOORE, JR., RONALD E M.D.  
4100 S. HOSPITAL DRIVE  
SUITE 209  
PLANTATION, FL 33317 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:

08/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOORE, RONALD  
Address: 1699 E OAKLAND PARK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VP ( ) Delete  
Name: MOORE, RONALD  
Address: 1699 E OAKLAND PARK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: S ( ) Delete  
Name: MOORE, RONALD  
Address: 1699 E OAKLAND PARK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: T ( ) Delete  
Name: MOORE, RONLAD  
Address: 1699 E OAKLAND PARK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33334

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MOORE, RONALD E MD  
Address: 4100 S. HOSPITAL DRIVE SUITE 209  
City-St-Zip: PLANTATION, FL 33317

Title: VP (X) Change ( ) Addition  
Name: MOORE, RONALD E MD  
Address: 4100 S. HOSPITAL DRIVE SUITE 209  
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: S (X) Change ( ) Addition  
Name: MOORE, RONALD E MD  
Address: 4100 S. HOSPITAL DRIVE SUITE 209  
City-St-Zip: PLANTATION, FL 33317

Title: T (X) Change ( ) Addition  
Name: MOORE, RONLAD E MD  
Address: 4100 S. HOSPITAL DRIVE SUITE 209  
City-St-Zip: PLANTATION, FL 33317

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: RONALD E. MOORE

P

08/02/2005

Electronic Signature of Signing Officer or Director

Date