


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000033753**


1. Entity Name  
**MODESTO SURGICAL, INC.**



Principal Place of Business  
**1375 S SEMORAN BLVD STE 1349**  
**WINTER PARK, FL 32792**

Mailing Address  
**1375 S SEMORAN BLVD STE 1349**  
**WINTER PARK, FL 32792**

**DO NOT WRITE IN THIS SPACE**



07082006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>73-1695774</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MODESTO, VICTOR L**  
**1015 TUFTON COVE**  
**HEATHROW, FL 32746**

**DO NOT WRITE IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>MODESTO, VICTOR L M.D.</b> <b>1375 S. SEMORAN BLVD. SUITE 1349</b> <b>WINTER PARK, FL 32792</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000571142  
 07/19/06-80003-013 150.00

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:** *Victor L. Modesto, M.D.* *Victor L. Modesto, M.D.* *7/17/06* *407-676-7557*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #