


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90016 043 \*\*\*150.00

<b>DOCUMENT # P04000078340</b>	
1. Entity Name <b>SURGICAL SALES &amp; MARKETING, INC.</b>	

Principal Place of Business <b>85 SE 4TH AVE SUITE 106 DELRAY BEACH FL 33483</b>	Mailing Address <b>85 SE 4TH AVE SUITE 106 DELRAY BEACH FL 33483</b>
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2. Principal Place of Business - No P.O. Box # <b>ONE SOUTH OCEAN BLVD SUITE 318 BOCA RATON, FL 33432 USA</b>	3. Mailing Address <b>ONE SOUTH OCEAN BLVD SUITE 318 BOCA RATON, FL 33432 USA</b>
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1st MOORE CR2E034 (10/07)

4. FEI Number <b>83-0395843</b>	Applied For <input type="checkbox"/> 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 <b>ROSSIN, THOMAS E ESQ 400 S AUSTRALIAN AVE SUITE 800 WEST PALM BEACH FL 33401</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS PELTON, SCOTT R 85 SE 4TH AVE DELRAY BEACH FL 33483</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS PELTON, SCOTT R ONE SOUTH OCEAN BLVD, STE 318 BOCA RATON, FL 33432</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____	3/31/08 561 392 8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #