

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017796

**FILED**  
**Feb 27, 2010**  
**Secretary of State**

**Entity Name:** LDF SURGICAL ASSISTANCE, INC.

**Current Principal Place of Business:**

664 NW 183RD WAY  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

664 NW 183RD WAY  
PEMBROKE PINES, FL 33029 US

**Current Mailing Address:**

664 NW 183RD WAY  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

664 NW 183RD WAY  
PEMBROKE PINES, FL 33029 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** PDST  
**Name:** DE LA FLOR, LEONEL S.  
**Address:** 664 NW 183RD WAY  
**City-St-Zip:** PEMBROKE PINES, FL 33029 US

I hereby 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 all other like empowered.

SIGNATURE: LEONEL DE LA FLOR

PST

02/27/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date