

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041676

FILED
Mar 21, 2006
Secretary of State

Entity Name: FLORIDA SURGICAL SUPPLY COMPANY

Current Principal Place of Business:

3500 RIDGEVIEW DR.
SARASOTA, FL 342356654

New Principal Place of Business:

4500 SOUTH TAMiami TRAIL
SARASOTA, FL 34231

Current Mailing Address:

3500 RIDGEVIEW DR.
SARASOTA, FL 342356654

New Mailing Address:

4500 SOUTH TAMiami TRAIL
SARASOTA, FL 34231

FEI Number: 20-3114044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALL, BRYAN A.
3500 RIDGEVIEW DR.
SARASOTA, FL 342356654 US

Name and Address of New Registered Agent:

BALL, BRYAN A.
3500 RIDGEVIEW DRIVE
SARASOTA, FL 34231 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: BRYAN A. BALL

03/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BALL, BRYAN A.
Address: 3500 RIDGEVIEW DR.
City-St-Zip: SARASOTA, FL 342356654

Title: VP () Delete
Name: PASSAMONTE, THOMAS F.
Address: 3500 RIDGEVIEW DR.
City-St-Zip: SARASOTA, FL 342356654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BALL, BRYAN A.
Address: 3500 RIDGEVIEW DRIVE
City-St-Zip: SARASOTA, FL 34235

Title: VP (X) Change () Addition
Name: PASSAMONTE, THOMAS F.
Address: 3500 RIDGEVIEW DRIVE
City-St-Zip: SARASOTA, FL 34235

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: BRYAN A. BALL

P

03/21/2006

Electronic Signature of Signing Officer or Director

Date