

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031967

FILED
Apr 30, 2007
Secretary of State

Entity Name: SURGEON'S ADVISOR MARKETING, INC.

Current Principal Place of Business:

1343 LENOX AVE
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

3460 SHERIDAN AVE
MIAMI BEACH, FL 33140 US

Current Mailing Address:

1343 LENOX AVE
MIAMI BEACH, FL 33139 US

New Mailing Address:

3460 SHERIDAN AVE
MIAMI BEACH, FL 33140 US

FEI Number: 20-4696765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELIZ, GASTON R
1343 LENOX AVE
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

VELIZ, GASTON R
3460 SHERIDAN AVE
MIAMI BEACH, FL 33140 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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAXTER, ROBERT A
Address: 1343 LENOX AVE
City-St-Zip: MIAMI BEACH, FL 33139 FL

Title: VP () Delete
Name: VELIZ, GASTON R
Address: 1343 LENOX AVE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP () Delete
Name: LAQUEUR, JON P
Address: PO BOX 664
City-St-Zip: CROTON FALLS, NY 10519 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAXTER, ROBERT A
Address: 3415 ROYAL PALM AVE
City-St-Zip: MIAMI BEACH, FL 33140 FL

Title: VP (X) Change () Addition
Name: VELIZ, GASTON R
Address: 3460 SHERIDAN AVE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GASTON R VELIZ

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date