

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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1. Entity Name
STINGRAY SURGICAL PRODUCTS, INC.



Principal Place of Business Mailing Address
801 APPLE TREE LN. BOCA RATON, FL 33486 US **801 APPLE TREE LN. BOCA RATON, FL 33486 US**

40052893

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
State, Apt. #, etc. City & State Zip Country



03062007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5527917** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MCBRINN, MARK T
801 APPLE TREE LN.
BOCA RATON, FL 33486**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Numbers Not Acceptable)
City FL Zip Code

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 _____
Signature of person making change or registered agent or both. If not, then Signature of President, Secretary, Treasurer, or Director.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MCBRINN, MARK T 801 APPLE TREE LN. BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MCBRINN, DIANA L 801 APPLE TREE LN. BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed or on an attachment with an address, with all other life events.

SIGNATURE: *Diana J. MCBRINN* **3-21-07, 561-210-7582**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Form **1120S**Department of the Treasury
Internal Revenue Service (77)**U.S. Income Tax Return for an S Corporation**▶ Do not file this form unless the corporation has filed
Form 2553 to elect to be an S corporation.

OMB No. 1545-0130

2006

For calendar year 2006, or tax year beginning

and ending

A Effective date of S election

Use the IRS label. Other-wise, print or type.

Name

STINGRAY SURGICAL PRODUCTS

C Employer identification number

20-5527917

B Business activity code number (see instructions)

339900

Number, street, and room or suite no., or P.O. box, see instructions.

801 APPLE TREE LANE

D Date incorporated

09/05/2006

City or town, state, and ZIP code

BOCA RATON, FL 33486

E Total assets (see instructions)

\$ 9,617.

F Check if: (1) ☒ Initial return (2) ☒ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

G Enter the number of shareholders in the corporation at end of the tax year

2

H Check if Schedule M-3 is required (attach Schedule M-3)

☐**Caution:** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a	Gross receipts or sales	30,170.	b	Less returns and allowances		c Bal	▶	1c	30,170.
	2	Cost of goods sold (Schedule A, line 8)							2	10,560.
	3	Gross profit. Subtract line 2 from line 1c							3	19,610.
	4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)							4	
	5	Other income (loss) (attach statement)							5	
	6	Total income (loss). Add lines 3 through 5							6	19,610.
Deductions (See instructions for limitations)	7	Compensation of officers							7	
	8	Salaries and wages (less employment credits)							8	
	9	Repairs and maintenance							9	
	10	Bad debts							10	
	11	Rents							11	9,000.
	12	Taxes and licenses							12	5.
	13	Interest							13	
	14	Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)							14	
	15	Depletion (Do not deduct oil and gas depletion.)							15	
	16	Advertising							16	
	17	Pension, profit-sharing, etc., plans							17	
	18	Employee benefit programs							18	
	19	Other deductions (attach statement)							19	1,088.
	20	Total deductions. Add lines 7 through 19							20	10,093.
	21	Ordinary business income (loss). Subtract line 20 from line 6							21	9,517.
Tax and Payments	22 a	Excess net passive income or LIFO recapture tax (see instructions)		22a					22c	
	b	Tax from Schedule D (Form 1120S)		22b						
	c	Add lines 22a and 22b								
	23 a	2006 estimated tax payments and 2005 overpayment credited to 2006		23a						
	b	Tax deposited with Form 7004		23b						
	c	Credit for federal tax paid on fuels (attach Form 4136)		23c						
	d	Credit for federal telephone excise tax paid (attach Form 8913)		23d						
	e	Add lines 23a through 23d							23e	
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached							24	
	25	Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed							25	
	26	Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid							26	
27	Enter amount from line 26 Credited to 2007 estimated tax							27		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

P00047160

Firm's name (or yours if self-employed), address, and ZIP code

LARSON ALLEN WEISHAIR & CO., LLP
18 SENTRY PARK WEST, SUITE 300
BLUE BELL, PA 19422-2240

EIN

41-0746749

Phone no.

215-643-3900

40052895
#PD6000117644

ATTACHMENT

Form 1120S (2006)

STINGRAY SURGICAL PRODUCTS

20-5527917 Page 2

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	9,787.
3	Cost of labor	3	773.
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	10,560.
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	10,560.

9a Check all methods used for valuing closing inventory: (i) ☒ Cost as described in Regulations section 1.471-3

(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4

(iii) ☐ Other (Specify method used and attach explanation) ▶

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO

9d

e If property is produced or acquired for resale, do the rules of Section 263A apply to the corporation? ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☒ No

If "Yes," attach explanation.

Schedule B Other Information (see instructions)

	Yes	No
1 Check method of accounting: (a) <input checked="" type="checkbox"/> Cash (b) <input type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) ▶		
2 See the instructions and enter the:		
(a) Business activity ▶ MEDICAL SUPPLY MANUFAC (b) Product or service ▶ MEDICAL SUPPLY MANUFAC		
3 At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a QSub election made?		X
4 Was the corporation a member of a controlled group subject to the provisions of section 1561?		X
5 Has this corporation filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction?		X
6 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/>		
If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
7 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years ▶ \$		
8 Enter the accumulated earnings and profits of the corporation at the end of the tax year ▶ \$		
9 Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1		X

Note: If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach **Schedule N (Form 1120)**, Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

Schedule K Shareholders' Pro Rata Share Items

	Total amount
1 Ordinary business income (loss) (page 1, line 21)	1 9,517.
2 Net rental real estate income (loss) (attach Form 8825)	2
3a Other gross rental income (loss)	3a
b Expenses from other rental activities (attach statement)	3b
c Other net rental income (loss). Subtract line 3b from line 3a	3c
4 Interest income	4
5 Dividends: a Ordinary dividends	5a
b Qualified dividends	5b
6 Royalties	6
7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
b Collectibles (28%) gain (loss)	8b
c Unrecaptured section 1250 gain (attach statement)	8c
9 Net section 1231 gain (loss) (attach Form 4797)	9
10 Other income (loss) (see instructions) Type ▶	10

JWA

Form 1120S (2006)

Shareholders' Pro Rata Share Items (continued)		Total amount
Deductions	11 Section 179 deduction (attach Form 4562)	11
	12a Contributions	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type <input type="checkbox"/> (2) Amount <input type="checkbox"/>	12c(2)
	d Other deductions (see instructions) Type <input type="checkbox"/>	12d
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c
	d Other rental real estate credits (see instructions) Type <input type="checkbox"/>	13d
	e Other rental credits (see instructions) Type <input type="checkbox"/>	13e
	f Credit for alcohol used as fuel (attach Form 6478)	13f
	g Other credits (see instructions) Type <input type="checkbox"/>	13g
Foreign Transactions	14a Name of country or U.S. possession <input type="checkbox"/>	
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level Foreign gross income sourced at corporate level	14c
	d Passive	14d
	e Listed categories (attach statement)	14e
	f General limitation Deductions allocated and apportioned at shareholder level	14f
	g Interest expense	14g
	h Other Deductions allocated and apportioned at corporate level to foreign source income	14h
	i Passive	14i
	j Listed categories (attach statement)	14j
	k General limitation Other information	14k
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l
	m Reduction in taxes available for credit (attach statement)	14m
	n Other foreign tax information (attach statement)	
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties - gross income	15d
	e Oil, gas, and geothermal properties - deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c
	d Property distributions	16d
	e Repayment of loans from shareholders	16e
Other Information	17a Investment income	17a
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (attach statement)	STATEMENT 3
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14i	18

9,517.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				6,386.
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				3,231.
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)				
10 a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11 a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (att. stmt.)				
15	Total assets				9,617.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (att. stmt.)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (att. stmt.)				
22	Capital stock				100.
23	Additional paid-in capital				
24	Retained earnings				9,517.
25	Adjustments to shareholders' equity (att. stmt.)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity				9,617.

STATEMENT 4

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - see instructions

1	Net income (loss) per books	9,517.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14 (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Travel and entertainment \$		7	Add lines 5 and 6	
4	Add lines 1 through 3	9,517.	8	Income (loss) (Schedule K, line 18) Line 4 less line 7	9,517.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year		
2	Ordinary income from page 1, line 21	9,517.	
3	Other additions		
4	Loss from page 1, line 21	()	
5	Other reductions	()	
6	Combine lines 1 through 5	9,517.	
7	Distributions other than dividend distributions		
8	Balance at end of tax year. Subtract line 7 from line 6	9,517.	

Name	STINGRAY SURGICAL PRODUCTS	FEN	20-5527917
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ATTACHMENT

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STINGRAY SURGICAL PRODUCTS

ATTACHMENT

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#P06000117644 20-5527917

FORM 1120S TAXES AND LICENSES STATEMENT 1

DESCRIPTION	AMOUNT
SALES TAX PAID	5.
TOTAL TO FORM 1120S, PAGE 1, LINE 12	5.

FORM 1120S OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
OFFICE EXPENSE	149.
INSURANCE	939.
TOTAL TO FORM 1120S, PAGE 1, LINE 19	1,088.

SCHEDULE K OTHER ITEMS, LINE 17D STATEMENT 3

DESCRIPTION	AMOUNT
QUALIFIED PRODUCTION ACTIVITIES INCOME	9,517.
FORM W-2 WAGES	571.

SCHEDULE L ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS STATEMENT 4

DESCRIPTION	AMOUNT
BALANCE AT BEGINNING OF YEAR	0.
NET INCOME PER BOOKS	9,517.
DISTRIBUTIONS	0.
OTHER INCREASES (DECREASES)	
BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D)	9,517.