2007 FOR PROFIT CORPORATION ANNUAL REPORT (AF)

Secretary of State DOCUMENT # P06000134854 1. Entity Namo 02-07-2007 90050 037 ***150.00 ARPITA SURGICALS, INC. Principal Place of Business Mailing Address 5111-16 BAYMEADOWS ROAD JACKSONVILLE FL 32217 US 5111-16 BAYMEADOWS ROAD JACKSONVILLE FL 32217 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State **FEI Numbor** Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo YONAN, JOSEPH 9425 CRAVEN ROAD Stroet Address (P.O. Box Number is Not Acceptable) **SUITE 5** JACKSOVILLE FL 32257 City Zip Code FL 8. The above named onlity 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 SIGNATURE Signature, typed or privided name or opysicine inject on site is applicable (NOT) Recovered Apert signature required when recovering FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILL □ Defete DHI ☐ Change ☐ Addition PATEL, ANISH NAME NAM 55, CANNING ST. STREET ADDRESS SHIFT LADDIESS KOLKATA IN 700-0-01 DITY ST-ZP CITY ST ZIP DUL Delete 11111 ☐ Change Addition PATEL, CHANDRAKANT NAM NAM 55, CANNING ST. STREET LADORESS SHIFE LADDINESS KOLKATA IN 700-0-01 CITY-SI-7P CITY ST AP VP 11111 Delete [7] Change ■ Addition PATEL, JYOTSNABEN NAME NAM 55, CANNING ST. STREET ADDRESS SIRECT ADDRESS CITY-ST-ZIP KOLKATATN 700-0-01 CITY ST /IF HILL Defete Change ☐ Addition PATEL, AMIT NAM 8976 EASTON RIVER DRIVE STREET ADORESS SITULT ADDRESS JACKSONVILLE FL 32257 CITY-SI 71P CITY ST 789 tiffE Delete me Change ☐ Addition NAM STREET ADORESS STREET ADDRESS CITY-ST-/IP CHY SI-88 THE Defete ☐ Change Addition NAME STREET ADDRESS SIREFT ADDRESS CHY-SI-ZIP CHY SE 7/2 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 eath; 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: Amrt Patel

FILED

Feb 23, 2007 8:00 am