FILED May 01, 2008 8:00 am Secretary of State

 ANNUAL REPORT	UN
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DOCUMENT # P07000059888 1. Entity Name GULF COAST SURGICAL DEVICES, INC.						4	05-01-2008	90208 03	36 ***1:	50.00		
Delegation Disc	D	_		C. Add .		<u> </u>	1 .					
Principal Place of Business Mailing Address 615 ISLAND PLACE WAY TAMPA, FL 33602 TAMPA, FL 33602				\$ 18 W 18 R 1 75 T	1241 (2011 52111 PEIN 801	1 80181 81178 (818)						
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc. Suite, Apt. #, etc.					04092008	Chg-P	CR2E034	(12/06)				
City & State City & State					4. FEI Number	3-116.	59/2		oplied For ot Applicable			
Zip	. N	Country	Z		ntry	5. Certificate of Status Desired						
	6. Name	and Address of Curi	rent Registe	ered Agent		1	7. Name and Address of New Registered Agent					
CREEN O	DETT D	•				Name						
GREEN, BRETT R 615 ISLAND PLACE WAY TAMPA, FL 33602					Street Address (P.O. Box Number is Not Acceptable)							
					City Zip Code							
						L			FL	'		
8. The above	named entit	y submits this stateme	nt for the pu	rpose of changing its	register	ed office or registe	red agent, or both	, in the State of Flo	rida. I am far	niliar with,	and accept	
the obligat	tions of regis	tered agent.										
: SIGNATURE:									•			
3,	Signature, typed	for printed name of registered a	agent and life il	ppicable (NOT	€ Reg⊲stere	d Agent signature required	d when reinstating)	· · · ·	DATE	_		
* * * * * * * * * * * * * * * * * * *	E NOW!!!	FEE,IS \$150.00	.]	9. Election Campa	ign Finai	ncing \$5	.00 May Be					
After M	ay 1, 200	8 Fee will be \$5	50.00	Trust Fund Con			ded to Fees					
10.		OFFICERS A	NID DIDECT	ODC			100(7)010		0500 410 0	1050700	20114	
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12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an auditors, with all other like empowered.												
SIGNAT	SIGNATURE: Sievol. Oser 4/9/08											