

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116254

FILED
Apr 28, 2009
Secretary of State

Entity Name: SURGICAL ADVANCED TECHNOLOGIES CORPORATION

Current Principal Place of Business:

3107 STERLING ROAD
107
FORT LAUDERDALE, FL 33312 US

Current Mailing Address:

3107 STERLING ROAD
107
FORT LAUDERDALE, FL 33312 US

FEI Number: 26-1377372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

3107 STIRLING ROAD
107
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

3107 STIRLING ROAD
107
FORT LAUDERDALE, FL 33312 US

Name and Address of Current Registered Agent:

COSTABEL, ATTILIO M ESQ.
601 BRICKELL KEY DRIVE
705
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAROPRESO, OLIVIERO
Address: 3107 STERLING ROAD, #107
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: D () Delete
Name: CAROPRESO, PAOLO
Address: 3107 STERLING ROAD, #107
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: D () Delete
Name: SENNI, CLAUDE PROF
Address: VIALE MAMELI 151
City-St-Zip: LIVORNO, IT 57125 IT

Title: D () Delete
Name: CRESTACCI, RICCARDO
Address: VIALE MAMELI 151
City-St-Zip: LIVORNO, IT 57125 IT

Title: D () Delete
Name: COSTABEL, ATTILIO M ESQ.
Address: 601 BRICKELL KEY DRIVE, #705
City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete
Name: VACCARI, SAVERIO AVV.
Address: PIAZZA CORVETTO 2/15
City-St-Zip: GENOVA, IT 16122 IT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAROPRESO, OLIVIERO
Address: 3107 STIRLING ROAD, #107
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: D (X) Change () Addition
Name: CAROPRESO, PAOLO
Address: 3107 STIRLING ROAD, #107
City-St-Zip: FORT LAUDERDALE, FL 33312 US

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

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

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

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: ATTILIO M COSTABEL

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date