

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000070421

Entity Name: MC SURGICAL, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

18501 PINES BLVD  
SUITE 201-O6  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18501 PINES BLVD  
SUITE 201-O6  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 27-0779386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GBS CONSULTANTS, INC.  
18501 PINES BOUELVARD  
SUITE 201  
PEMBROKE PINES, FL 33029 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: GARCIA, CRISTOBAL  
Address: 18501 PINES BLVD, SUITE 201-O6  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPSD  
Name: RODRIGUEZ, MILDRED  
Address: 18501 PINES BLVD, SUITE 201-O6  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: CRISTOBAL GARCIA

PTD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date