2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2010
Secretary of State

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Entity Name: SURGICAL STOCKROOM, INC.

Current Principal Place of Business:

552382 US HWY 1 NORTH
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

552382 US HWY 1 NORTH
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 27-1772997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAHLGREN, STEVEN M
552382 US HWY 1 NORTH
HILLIARD, FL 32046 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: DS
Name: MIXON, ERIC D
Address: PO BOX 1029
City-St-Zip: HILLIARD, FL 320461029

Title: DPT
Name: FRANKLIN, BOBBY II
Address: PO BOX 1029
City-St-Zip: HILLIARD, FL 320461029

Title: DT
Name: SMITH, TODD J
Address: PO BOX 1029
City-St-Zip: HILLIARD, FL 320461029

Title: DVP
Name: SMITH, SARAH
Address: PO BOX 1029
City-St-Zip: HILLIARD, FL 320461029

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: BOBBY FRANKLIN DPT 09/09/2010

Electronic Signature of Signing Officer or Director — Date