

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000063742

Entity Name: ROCKWOOD SURGICAL, INC.

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

910 BELLE AVENUE  
SUITE 1148  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

910 BELLE AVENUE  
SUITE 1148  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

FEI Number: 45-2762357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLE, BRADLEY A  
910 BELLE AVENUE  
SUITE 1148  
WINTER SPRINGS, FL 32708 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: P  
Name: COLE, BRADLEY A  
Address: 910 BELLE AVENUE, STE 1148  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP  
Name: TAHN, CARL R M.D.  
Address: 107 LONGWOOD AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: T  
Name: WILSON, THOMAS R III  
Address: 910 BELLE AVENUE STE 1148  
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: THOMAS R WILSON III

T

04/22/2012

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

\_\_\_\_\_  
Date