

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90295 040 ***150.00

24027361

DOCUMENT # P93000021873			
1. Entity Name GENERAL SURGICAL CORPORATION			
Principal Place of Business 18105 TURTLE BEACH WAY TAMPA, FL 33647 US		Mailing Address 18105 TURTLE BEACH WAY TAMPA, FL 33647 US	
2. Principal Place of Business 560 YARDARM LANE Suite, Apt. #, etc.		3. Mailing Address 560 YARDARM LANE P.O. BOX 3107 LANE Suite, Apt. #, etc. RA	
City & State LBK, FL Zip 34228 Country USA		City & State LBK FL SARASOTA, FLORIDA Zip 34228 Country USA	
4. FEI Number 59-3171828		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMONSON, RUSH E. 18105 TURTLE BEACH WAY TAMPA, FL 33647		7. Name and Address of New Registered Agent Name: SIMONSON, RUSH E. Street Address (P.O. Box Number is Not Acceptable): 560 YARDARM LANE City: LBK FL Zip Code: 34228	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 3-19-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00, May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: SIMONSON, RUSH E STREET ADDRESS: 18105 TURTLE BEACH WAY CITY-ST-ZIP: TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE: PUPST NAME: SIMONSON, RUSH E. STREET ADDRESS: 560 YARDARM LANE CITY-ST-ZIP: LBK, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.			
SIGNATURE:		Date: 3-19-04 (941) 383-7823	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	