## 2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P93000021873

Principal Place of Business

Mailing Address

560 YADARM LANE LONGBOAT KEY, FL 34228 US

SIGNATURE:

GENERAL SURGICAL CORPORATION

560 YADARM LANE LONGBOAT KEY, FL 34228

# **FILED** Feb 03, 2005 08:00 AM Secretary of State

CR2E034 (10/03)



#### DO NOT WRITE IN THIS SPACE

_	•	•
4. FEI Number	 	Applied For
59-3171828	 	Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Re	Additional quired

6. Name and Address of Current Registered Agent						
SIMONSON, RUSH E. 560 YARDARM LANE LONGBOAT KEY, FL <sup>-</sup> 34228	-	-				
LONGBOAT NET, LE 34220						

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No Cha-P

01272005

		}					
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 Signature: typed or printed name of registered agent and title it applicable INDTE. Registered Agent signature required when reinstating)  DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS		-			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST SIMONSON, RUSH E 560 YARDARM LANE LONGBOAT KEY, FL 34228				U0000021258D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/03/05-80037-002 150.00		
NAME STREET ADDRESS CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 suppliemental 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 of the receiver of 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 without other like empowered.							