

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000044996

FILED
Jul 02, 2008
Secretary of State

Entity Name: SRI/SURGICAL EXPRESS, INC.

Current Principal Place of Business:

12425 RACE TRACK ROAD
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12425 RACE TRACK ROAD
TAMPA, FL 33626

New Mailing Address:

FEI Number: 59-3252632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUIZ, WALLACE D
12425 RACE TRACK ROAD
TAMPA, FL 33626 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOOSALES, JAMES T
Address: 2145 GLENBROOK CLOSE
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: SIMMONS, JOHN
Address: 140 FOUNTAIN PKWY 420
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: PETERSON, WAYNE R
Address: 2779 CAMDEN RD
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: EMANUEL, JAMES M
Address: 120 4TH STREET
City-St-Zip: BELLEAIRE BEACH, FL 33786

Title: TS () Delete
Name: RUIZ, WALLACE D
Address: 114 E DAVIS BLVD 11
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: FEDERICO, CHARLES W
Address: 19435 PENINSULA SHORES DRIVE
City-St-Zip: CORNELIUS, NC 38031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ORSATTI, CHARLES T
Address: 372 LARBOARD WAY
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK SCHLEIN

ACCT

07/02/2008

Electronic Signature of Signing Officer or Director

_____ Date