2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073640

Entity Name: QUALITY SURGICAL REPAIRS, INC.

1457 N. US HWY 1 - SUITE 17

ORMOND BEACH, FL 32174 US

Address:

City-St-Zip:

FILED Apr 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1457 N. US HWY 1 - SUITE 17 ORMOND BEACH, FL 32174 US **Current Mailing Address: New Mailing Address:** 1457 N. US HWY 1 - SUITE 17 ORMOND BEACH, FL 32174 US FEI Number: 59-3273931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VISCARRA, GASTON 1457 N. US HWY 1 - SUITE 17 ORMOND BEACH, FL 32174 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VISCARRA, GASTON Name: Name: 1457 N. US HWY 1 - SUITE 17 Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: DELGADILLO, PERCY Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GASTON VISCARRA P 04/12/2005