

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90384 047 ***150.00

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1. Entity Name
SURGERY DYNAMICS, INC.



Principal Place of Business
37 Castle Harbor Isle, St. 2
FT. LAUDERDALE, FL 33308

Mailing Address 37 CASTLE HARBOR ISLE
5100 NO FEDERAL HIGHWAY
STE 200
FORT LAUDERDALE, FL 33308 US

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0647735 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, LINDA J
37 CASTLE HARBOR ISLE
FT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME ROGERS, LINDA J
STREET ADDRESS 5100 NO FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE, FL 33308
MOVED: 37 CASTLE HARBOR ISLE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Linda J. Rogers, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA J. ROGERS PRESIDENT

3/20/06 954-566-7300

Date

Daytime Phone #

800-880-8556 Fax 954-566-7303