

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90027 037 ***150.00

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1. Entity Name
SURGERY DYNAMICS, INC.

Principal Place of Business **4750 NE 28 Ave** Mailing Address **4750 NE**
37 CASTLE HARBOR ISLE **37 CASTLE HARBOR ISLE**
STE 2 **STE 2**
FORT LAUDERDALE, FL 33308 US FORT LAUDERDALE, FL 33308 US

DO NOT WRITE IN THIS SPACE



02062007 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~~ **WES ROGERS**
~~37 CASTLE HARBOR ISLE~~ **4750 NE 28 Ave**
~~FT LAUDERDALE, FL 33308~~ **Fl. Lauderdale FL 33308**

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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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ROGERS, WESBY
STREET ADDRESS	37 CASTLE HARBOR ISLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VS
NAME	ROGERS, ELAINE E
STREET ADDRESS	37 CASTLE HARBOR ISLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07 **(954) 229 9100**
Date Daytime Phone #