# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 31, 2004**
**Secretary of State**

DOCUMENT# P96000029640

**Entity Name:** SURGICAL VISIONS, INC.

**Current Principal Place of Business:**

12887 PACKWOOD ROAD
JUNO BEACH, FL 33408

**New Principal Place of Business:**

8435 MAN O WAR RD.
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

12887 PACKWOOD ROAD
JUNO BEACH, FL 33408

**New Mailing Address:**

8435 MAN O WAR RD.
PALM BEACH GARDENS, FL 33418

**FEI Number: 65-0648609** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VOVOU, MARIA
12887 PACKWOOD ROAD
JUNO BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

VOVOU, MARIA
8435 MAN O WAR RD.
PALM BEACH GARDENS, FL 33418 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: 01/31/2004
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: VOVOU, MARIA
Address: 12887 PACKWOOD ROAD
City-St-Zip: JUNO BEACH, FL 33408

Title: D ( ) Delete
Name: VOVOU, FAY
Address: 12887 PACKWOOD ROAD
City-St-Zip: JUNO BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: VOVOU, MARIA
Address: 8435 MAN O WAR RD.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition
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: MARIA VOVOU D 01/31/2004
Electronic Signature of Signing Officer or Director — Date