


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000061246</b> 1. Entity Name <b>SOUTHERN SURGICAL &amp; ENDOSCOPY, INC.</b>					
Principal Place of Business <b>23110 STATE ROAD 54 # 364 LUTZ FL 33549 US</b>		Mailing Address <b>23110 STATE ROAD 54 # 364 LUTZ FL 33549 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3391137</b>	
6. Name and Address of Current Registered Agent  <b>WELNIAK, KEVIN 23110 STATE ROAD 54 SUITE 364 LUTZ FL 33549</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELNIAK, KEVIN 23110 STATE ROAD 54, # 364 LUTZ FL 33549	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/05)

Applied For  
Not Applicable

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

**FL** Zip Code

U00000552038  
05/13/06-80123-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Kevin Welniak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 8139098330  
Date Daytime Phone #