

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000096917

FILED  
Sep 21, 2009  
Secretary of State

Entity Name: DURDEN SURGICAL GROUP, INC.

## Current Principal Place of Business:

1817 BAYSIDE BLVD  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

1417 LARUE AVE  
JACKSONVILLE, FL 3220

## Current Mailing Address:

1817 BAYSIDE BLVD  
JACKSONVILLE, FL 32259

## New Mailing Address:

FEI Number: 59-3414810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DURDEN, GEORGE  
1817 BAYSIDE BOULEVARD  
JACKSONVILLE, FL 32259 US

## Name and Address of New Registered Agent:

DURDEN, CYNTHIA  
1817 BAYSIDE BOULEVARD  
JACKSONVILLE, FL 32259 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: CYNTHIA DURDEN

09/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: DURDEN, GEORGE  
Address: 1817 BAYSIDE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP (X) Delete  
Name: DURDEN, CINDY  
Address: 1817 BAYSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: DURDEN, CYNTHIA  
Address: 1817 BAYSIDE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32259

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CYNTHIA DURDEN

PRES

09/21/2009

Electronic Signature of Signing Officer or Director

Date