# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 15, 2012**
**Secretary of State**

DOCUMENT# P97000083470

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

**Current Principal Place of Business:**

1900 GLADES RD
#401
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

1900 GLADES RD
#401
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number: 65-0786008** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MENKHAUS, DAVID J
1900 GLADES RD
SUITE 401
BOCA RATON, FL 33431 US

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

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: ______________________________
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD
Name: MENKHAUS, DAVID J.
Address: 1900 GLADES RD SUITE 401
City-St-Zip: BOCA RATON, FL 33431

Title: VP
Name: SHARPE, THOMAS L.
Address: 1900 GLADES RD, SUITE 401
City-St-Zip: BOCA RATON, FL 33431

Title: VP
Name: FREEMOND, TERRI
Address: 1325 SO CONGRESS AVE #211
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby 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 all other like empowered.

SIGNATURE: DAVID J. MENKHAUS PD 02/15/2012
Electronic Signature of Signing Officer or Director Date