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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000052013**1. Corporation Name

SURGICAL INSTRUMENT SERVICES, INC.

Principal Place of Business	Mailing Address
100 NORTHEAST THIRD AVE., STE. 1100 FORT LAUDERDALE FL 33301	100 NORTHEAST THIRD AVE STE. 1100 FORT LAUDERDALE FL 33301

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

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	•					3. Date Incorporated or Q 06/08/1998	uam <del>e</del> u		
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21	Total of Eddiness	26			•	65-084-6	237	<b>├</b>	ot Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #	ŧ, etc.		•				Additional
22		27	,			5. Certifcate of Status De	sired		quired
City & Stat	te.	City & State	9			6. Election Campaign Fin	ancina	\$5.00	May Be
23	•	28				Trust Fund Contribution	- 11	Added	
Zip	Country	Zip	Co	ountry		8. This corporation owes	he current ye	ar Intangible	
24	25	29	30			Personal Property Tax.		☐ Yes	ZNo
	9. Name and Address of Curre			١.,		10. Name and Address o	New Registe	ered Agent	
FUC	CORDODATE CEDIACEC INC			81	Name			·	·
	O CORPORATE SERVICES, INC.			82	Street Addr	ess (P.O. Box Number is Not	Acceptable)	julius .	
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	and the state of t					· · · · · · · · · · · · · · · · · · ·		FL   `	
agico i transportation		00 1'007 4000 'Cl						ee of changing its	registered
11. Pursuant	to the provisions of Sections 607.05	ouz and ou7.1506, Flor	rida Statutes, the	above-	-named corporation	oration submits this statement on's board of directors. I bereh	for the purpo:	on changing its	nistered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblic	e of Florida. Such char	nge was authorize	ed by tl	-named corporation	oration submits this statement on's board of directors. I hereb	for the purpor y accept the a	appointment as re	gistered
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed; or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: