2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052013

City-St-Zip: PATTERSON, NY 12563

Entity Name: SURGICAL INSTRUMENT SERVICES INC

FILED Apr 28, 2006 Secretary of State

Entity Na	ille: SURGICA	AL INSTRUMENT SERVICES,	IINC.		
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
100 NORT FORT LAU	THEAST THIRE JDERDALE, FI	O AVE., STE. 1100 _ 33301		2221 IMPERIAL POINT DRIVE FORT LAUDERDALE, FL 33308	
Current N	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
C/O R JAM 2891 RT 2 PATTERS		3			
FEI Number	: 65-0846837	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	current Registered Agent:	Name and Address of	f New Registered Agent:	
100 NORT FORT LAU The above	JDERDALE, FI	0 AVE., STE. 1100 _ 33301 US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI					
	Electror	ic Signature of Registered Ago	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	JAMES, RICHA 2221 IMPERIAI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () JAMES, ROBEI	Delete RT C	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT C. JAMES D 04/28/2006