

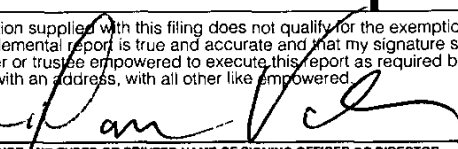
2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90045 012 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000058239			
1. Entity Name SURGICAL VISIONS INTERNATIONAL, INC.			
Principal Place of Business 4521 PGA BOULEVARD PMB 272 PALM BEACH GARDENS FL 33418		Mailing Address 4521 PGA BOULEVARD PMB 272 PALM BEACH GARDENS FL 33418	
2. Principal Place of Business 4201 WESTGATE AVE Suite, Apt. #, etc. B-2		3. Mailing Address Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State	
Zip 33409	Country PAAM BEACH	Zip	Country
4. FEI Number 65-0930351		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VOVOU, MARIA 4521 PGA BOULEVARD PMB 272 PALM BEACH GARDENS FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D VOVOU, MARIA 4521 PGA BOULEVARD, PMB 272 PALM BEACH GARDENS FL 33418		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 1/8/01 Daytime Phone #: 561-646-2565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/00)