2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# S37509

Entity Name: WALTER LORENZ SURGICAL, INC.

Current Principal Place of Business:

1520 TRADEPORT DRIVE
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 18009
JACKSONVILLE, FL 322295009

New Mailing Address:

FEI Number: 59-1692523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PRATT, JOEL
Address: 1520 TRADEPORT DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD ( ) Delete
Name: HARTMAN, GREGORY D
Address: 56 E. BELL DR.
City-St-Zip: WARSAW, IN 46582

Title: SD ( ) Delete
Name: HANN, DANIEL P.
Address: 56 E. BELL DR.
City-St-Zip: WARSAW, IN 46582

Title: D ( ) Delete
Name: MILLER, DANE A.
Address: 56 E. BELL DR.
City-St-Zip: WARSAW, IN 46582

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP ( ) Change (X) Addition
Name: BLACKALL, GARY
Address: 1520 TRADEPORT DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACQUELINE K. HUBER AS 07/07/2005

Electronic Signature of Signing Officer or Director Date