

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49987

FILED
Apr 05, 2006
Secretary of State

Entity Name: OMEGA SURGICAL SUPPLY, INC.

Current Principal Place of Business:

4609 MONUMENT POINT CIRCLE
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

4609 MONUMENT POINT CIRCLE
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3134973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANDVOLD, PETER M.
4609 MONUMENT POINT CIRCLE
JACKSONVILLE, FL 32225 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRANDUOLD, PETER,
Address: 4609 MONUMENT PT.
City-St-Zip: JACKSONVILLE,, FL

Title: ST () Delete
Name: BRANDUOLD, CATHY,
Address: 4609 MONUMENT PT.
City-St-Zip: JACKSONVILLE,, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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: PETER BRANDVOLD

OWNE

04/05/2006

Electronic Signature of Signing Officer or Director

Date