## ...2004 FOR PROFIT CORPORATION

## **FILED** Apr-22, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # V58488 SOUTHERN SURGICAL CORP. Principal Place of Business Mailing Address 7345 SAND LAKE RD 7345 SAND LAKE RD SUITE 206 SUITE 206 ORLANDO, FL 32819 US ORLANDO, FL 32819 HS 04152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3169689 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KNIGHT, JEFF DO NOT WRITE 7345 SAND LAKE RD SUITE 206 IN THIS SPACE ORLANDO, FL 32819 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered apent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 3371 U000000124048 KNIGHT, JEFFREY A NAME 04/22/04-80029-013 150.no STREET ADDRESS 7345 SAND LAKE RD STE 206 CRTY-ST-ZIP ORLANDO, FL 32819 TST) F NAME SABER, MICHELLE STREET ADDRESS 7345 SAND LAKE RD STE 206 CITY-ST-ZIP ORLANDO, FL 32819 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CRTY-ST-ZIP TELF NAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS DITY-ST- DP

> SIGNATURE AND F ING DEFICER OR DIRECTOR