

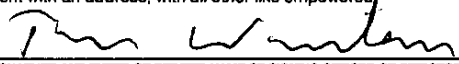


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90371 014 \*\*\*150.00

<b>DOCUMENT # V61048</b> 1. Entity Name <b>MOC SURGICAL CORPORATION</b>					
Principal Place of Business <b>1405 S ORANGE AVE</b> <b>ORLANDO, FL 32806 US</b>			Mailing Address <b>P.O. BOX 560862</b> <b>ORLANDO, FL 32856-0862 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WINTERS, THOMAS F</b> <b>1405 S ORANGE AVE</b> <b>ORLANDO, FL 32806</b>			Name <b>Thomas F. Winters, Jr., M.D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1405 S Orange Ave</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32806</b>		
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  DATE <b>4-12-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDT</b> <b>BROOM, MICHAEL</b> <b>1405 S ORANGE AVE, #801</b> <b>ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KNAPP, RAYMOND</b> <b>1405 S ORANGE AVE, STE #601</b> <b>ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLE, J. DEAN</b> <b>1405 S ORANGE AVE, STE #601</b> <b>ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MACKSOUD, WADII S.</b> <b>1405 S ORANGE AVE, STE #601</b> <b>ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WINTERS, THOMAS F</b> <b>1405 S ORANGE AVE, STE 601</b> <b>ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete			
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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: 		<b>4-12-06</b> <b>407-649-1097</b> <small>Date Daytime Phone #</small>			