

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # V61048**

1. Entity Name  
**MOC SURGICAL CORPORATION**



Principal Place of Business  
**1405 S ORANGE AVE  
ORLANDO, FL 32806 US**

Mailing Address  
**P.O. BOX 560862  
ORLANDO, FL 32856-0862 US**



03022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3152319</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

**6. Name and Address of Current Registered Agent**

**WINTERS, JR, THOMAS F M.D.  
1405 S ORANGE AVE  
ORLANDO, FL 32806**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SDT<br>BROOM, MICHAEL<br>1405 S ORANGE AVE, #601<br>ORLANDO, FL 32806      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KNAPP, RAYMOND<br>1405 S ORANGE AVE, STE #601<br>ORLANDO, FL 32806    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COLE, J. DEAN<br>1405 S ORANGE AVE, STE #601<br>ORLANDO, FL 32806     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MACKSOD, WADIH S.<br>1405 S ORANGE AVE, STE #601<br>ORLANDO, FL 32806 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WINTERS, THOMAS F<br>1405 S ORANGE AVE, STE 601<br>ORLANDO, FL 32806 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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04/25/07-80020-019 150.00

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 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: Thomas F. Winters, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07 407-649-1097  
Date Daytime Phone #

Thomas F. Winters, Jr., M.D.