


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
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	



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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
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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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT BROOM, MICHAEL 1405 S ORANGE AVE, #601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, RAYMOND 1405 S ORANGE AVE, STE #601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, J. DEAN 1405 S ORANGE AVE, STE #601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKSOD, WADIH S. 1405 S ORANGE AVE, STE #601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINTERS, THOMAS F 1405 S ORANGE AVE, STE 601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000926787
05/20/08-80079-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 4-23-08 407-649-1097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #