

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030778

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Entity Name:** SURGICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

3426 KING GEORGE DR.  
ORLANDO, FL 32835

**Current Mailing Address:**

**New Mailing Address:**

3426 KING GEORGE DR.  
ORLANDO, FL 32835

FEI Number: 22-3785434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALCOBER, DAVID  
3426 KING GEORGE DR.  
ORLANDO, FL 32835 US

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

**MANAGING MEMBERS/MEMBERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: ALCOBER, DAVID  
Address: 3426 KING GEORGE DR.  
City-St-Zip: ORLANDO, FL 32835 US

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID ALCOBER

MGRM

04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date