

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000087189

Entity Name: MICROSURGERY LLC

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

875 MEADOWS ROAD  
311  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

875 MEADOWS ROAD  
311  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 27-0889069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAX ADVISORS OF PALM BEACH  
2240 WOOLBRIGHT RD  
STE 325  
BOYNTON BEACH, FL 33426 US

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

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/MANAGERS:**

Title: MGRM  
Name: MRS X TWO, INC  
Address: 313 BOUQUAINVILLEA DR  
City-St-Zip: JUPITER, FL 33458 US

I hereby 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: STEVE SRAMOWICZ

MGRM

03/02/2010

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