

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000079792

**Entity Name:** SURGICAL PAL PRODUCTIONS, LLC

**Current Principal Place of Business:**

1130 S. HARBOR CITY BLVD. SUITE 101  
MELBOURNE, FL 32901

**Current Mailing Address:**

1130 S. HARBOR CITY BLVD. SUITE 101  
MELBOURNE, FL 32901

**FEI Number:** 26-2592369

**Certificate of Status Desired:** No

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

ZIPPER, RALPH  
1130 S. HARBOR CITY BLVD. SUITE 101  
MELBOURNE, FL 32901 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

**Authorized Person(s) Detail :**

Title MGRM  
Name ZIPPPER, RALPH MD  
Address 1130 S. HARBOR CITY BLVD. SUITE  
101  
City-State-Zip: MELBOURNE FL 32901

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RALPH ZIPPPER, MD

MGRM

01/10/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date