2004 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # L00000010143

1. Entity Name

SUTURE SOLUTIONS, LLC



FILED Feb 19, 2004 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

700 NW 33RD ST

700 NW 33RD ST

290B

POMPANO BEACH, FL 33064

290B POMPANO BEACH, FL 33064



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KULA, DAN 700 NW 33RD ST

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STE 290B POMPANO BEACH, FL 33064		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 Signature, typed or printed name of registered agent and title it applicable		(NOYE, Registered Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2004		U00000057784 02/20/04-80003-013 50.00
9.	MANAGING MEMBERS/MANAGERS	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KULA, DANIEL 700 NW 33RD ST STE 290B POMPANO BEACH, FL 33064	
title Name Street address City-St-Zip	MGR KALISH, ERROL 700 NW 33RD ST STE 290B POMPANO BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP		
TITLE		

11. I hereby certify that the information supplied with this filling does not qualify 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 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 impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE