

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90135 047 \*\*\*\*50.00

DOCUMENT # L01000022855



1. Entity Name

INSIGHT MEDICAL PRODUCTS, LLC

Principal Place of Business

1100 S. FEDERAL HIGHWAY  
BOYNTON BEACH FL 33435

Mailing Address

1100 S. FEDERAL HIGHWAY  
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0422990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPPELLA, ARTHUR J  
1100 S. FEDERAL HIGHWAY  
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, THOMAS		NAME		
STREET ADDRESS	710 NE 7TH ST.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDY, RONALD		NAME		
STREET ADDRESS	4251 FOX TREE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

i. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Tom Murphy*

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

Date

Daytime Phone #