


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000003386</b> 1. Entity Name <b>RIOJAS SURGICAL, LLC</b>	
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Principal Place of Business <b>1405 S. ORANGE AVE. ORLANDO, FL 32856-0127</b>	Mailing Address <b>PO BOX 560862 ORLANDO, FL 32856-0862</b>
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04072004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-2027089</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>WINTERS, THOMAS F JR. 1405 S. ORANGE AVE. SUITE 6601 ORLANDO, FL 32806</b>
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**DO NOT WRITE  
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 if applicable. (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINTERS, THOMAS F JR 1405 S ORANGE AVE SUITE 601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASON, CHRISTOPHER C 1405 S ORANGE AVE SUITE 601 ORLANDO, FL 32806
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04/20/04-80058-009 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Winters 4/15/04 407.649.1070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #