FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91001 022 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000003386

1. Entity Name
RIOJAS SURGICAL, LLC

Principal Place of Business	Mailing Address
1405 S. ORANGE AVE. ORLANDO, FL 32856-0127	1405 S. ORANGE AVE. ORLANDO, FL 32856-0127

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 560862	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: ORLANDO, FL	
Zip	Country	Zip: 32856-0862	Country: USA

4. FEI Number: 41-2027089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINTERS, THOMAS F JR. 1405 S. ORANGE AVE. ORLANDO, FL 32856-0127	Name: THOMAS F. WINTERS, JR. Street Address (P.O. Box Number is Not Acceptable): 1405 S. ORANGE AVENUE SUITE 601 City: ORLANDO FL Zip Code: 32806

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] THOMAS F. WINTERS, JR. 4-24-03
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, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: THOMAS F. WINTERS, JR. STREET ADDRESS: 1405 S. ORANGE AVE, SUITE 601 CITY-ST-ZIP: ORLANDO, FL 32806	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: CHRISTOPHER C. MASON STREET ADDRESS: 1405 S. ORANGE AVE, SUITE 601 CITY-ST-ZIP: ORLANDO, FL 32806	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. 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: [signature] THOMAS F. WINTERS, JR. 4-24-03 (407) 649-1097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #