

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000012950

1. Entity Name  
ZASSI MEDICAL EVOLUTIONS OPERATING, LLC



Principal Place of Business  
1886 S. 14TH ST., STE. 6  
FERNANDINA BEACH, FL 32034

Mailing Address  
1886 S. 14TH ST., STE. 6  
FERNANDINA BEACH, FL 32034



02212005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
68-0505096

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ZASSI MEDICAL EVOLUTIONS, INC.  
1886 S. 14TH ST., STE. 6  
FERNANDINA BEACH, FL 32034

**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 relocating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
ZASSI MEDICAL EVOLUTIONS, INC.  
1886 S. 14TH STREET, SUITE 6  
FERNANDINA BEACH, FL 32034

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

U00000342215  
04/29/05-80045-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*R. J. Brundtrock* Director of Finance 4/26/05 904-261-2169