

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000669

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Entity Name:** SUNCOAST ORTHOPEDIC SALES, LLC

**Current Principal Place of Business:**

1022 MAIN STREET, SUITE J  
DUNEDIN, FL 34698

**New Principal Place of Business:**

14055 46TH ST. N  
SUITE 1103  
CLEARWATER, FL 33762 US

**Current Mailing Address:**

1022 MAIN STREET, SUITE J  
DUNEDIN, FL 34698

**New Mailing Address:**

14055 46TH ST. N  
SUITE 1103  
CLEARWATER, FL 33762

**FEI Number:** 05-0546915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GULECAS, JAMES F ESQUIRE  
2555 ENTERPRISE ROAD, SUITE 15  
CLEARWATER, FL 33763 US

**Name and Address of New Registered Agent:**

GULECAS, JAMES F ESQUIRE  
1968 BAYSHORE BLVD.  
DUNEDIN, FL 34698 US

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.

SIGNATURE:

01/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HILL, MICHAEL S SR  
Address: 1022 MAIN STREET, SUITE J  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HILL, MICHAEL S SR  
Address: 14055 46TH ST. N, SUITE 1103  
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL S. HILL, SR.

MGR

01/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date