

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000669

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2897 COUNTRY WOODS LANE  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

2897 COUNTRY WOODS LANE  
PALM HARBOR, FL 34683

**New Mailing Address:**

**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  
1968 BAYSHORE BLVD.  
DUNEDIN, FL 34698 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HILL, MICHAEL S SR  
**Address:** 2897 COUNTRY WOODS LANE  
**City-St-Zip:** PALM HARBOR, FL 34683

I hereby 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

02/16/2011

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