

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000002958

1. Entity Name
LIFETEK LLC



FILED

2005 MAY 16 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1912 N. W. 67TH PLACE
GAINESVILLE, FL 32653 US

Mailing Address
1912 N.W. 67TH PLACE
GAINESVILLE, FL 32653 US

2. Principal Place of Business
1912 NW 67th PLACE
Suite, Apt. #, etc.

3. Mailing Address
1912 N.W. 67th PLACE
Suite, Apt. #, etc.

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

Zip
32653

Country
ALACHUA

Zip
32653

Country
ALACHUA

03292005 Chg-LLC CR2E083 (10/03)

4. FEI Number
57-1146819

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TEIGE, PETER
1912 N.W. 67TH PLACE
GAINESVILLE, FL 32653

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME EVERTSEN, MICHAEL
STREET ADDRESS 3359 PERRINGTON POINTE
CITY-ST-ZIP MARIETTA, GA 30066 ☐ Delete

TITLE MGRM
NAME PLUS ORTHOPEDICS AG
STREET ADDRESS ERLenstrASSE 4A, 6343 ROTKREUTZ, SWITZER.
CITY-ST-ZIP GAINESVILLE, FL 32653 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100054670211
05/17/05--01034--012 **\$5.00

TITLE MGRM
NAME ENDOPLANT AG
STREET ADDRESS ERLenstrASSE 4B
CITY-ST-ZIP 6343 ROTKREUTZ, SWITZERLAND ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Peter M. TEIGE

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

Date

Daytime Phone #

352-373-4652