

**2005 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

DOCUMENT # L03000002958

1. Entity Name
LIFETEK LLC



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

3. Mailing Address
1912 N. W. 67th PLACE

Suite, Apt. #, etc.

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)



6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TEIGE, PETER 1912 N. W. 67TH PLACE GAINESVILLE, FL 32653				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<i>FL</i>	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		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVERTSEN, MICHAEL 3359 PERRINGTON POINTE MARIETTA, GA 30066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1000054670211</i> 05/17/05--01034--012 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLUS ORTHOPEDICS AG ERLENSTRASSE 4A, 6343 ROTKREUTZ, SWITZER. GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>MGRM ENDOPLANT AG ERLENSTRASSE 4B 6343 ROTKREUTZ, SWITZERLAND</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

352-373-4652

Daytime Phone #

FILED

2005 MAY 16 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA