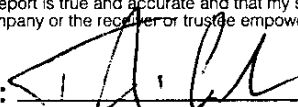


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90048 001 ****50.00

DOCUMENT # L03000004333					
1. Entity Name SHARON SCIENTIFIC, LLC					
Principal Place of Business 28059 U.S. HIGHWAY 19 NORTH, STE. 100 CLEARWATER, FL 33761			Mailing Address 28059 U.S. HIGHWAY 19 NORTH, STE. 100 CLEARWATER, FL 33761		
2. Principal Place of Business 412 E. Tarpon Ave Suite, Apt. #, etc.		3. Mailing Address 412 E. Tarpon Ave. Suite, Apt. #, etc.			
City & State Tarpon Springs, FL Zip 34689 Country USA		City & State Tarpon Springs, FL Zip 34689 Country USA		4. FEI Number 59-3766470	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BURKE, ROBERT C JR 28059 U.S. HIGHWAY 19 NORTH, STE. 100 CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name Robert C Burke Jr Street Address (P.O. Box Number is Not Acceptable) 412 E Tarpon Avenue City Tarpon Springs FL Zip Code 34689		
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  DATE 03/20/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDS, TOM 28059 US HWY 19 N, SUITE 100 CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	412 E Tarpon Avenue Tarpon Springs FL 34689	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 exemptions contained in Chapter 119, 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: 			727-939-4900		03/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #