2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State
03-27-2006 90048 001 ****50.00

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1. Entity Name
SHARON SCIENTIFIC, LLC

Principal Place of Business	Mailing Address
28059 U.S. HIGHWAY 19 NORTH, STE. 100 CLEARWATER, FL 33761	28059 U.S. HIGHWAY 19 NORTH, STE. 100 CLEARWATER, FL 33761

03202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
412 E. Tarpon Ave	412 E. Tarpon Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs, FL	City & State: Tarpon Springs, FL
Zip: 34689 Country: USA	Zip: 34689 Country: USA

4. FEI Number 59-3766470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURKE, ROBERT C JR 28059 U.S. HIGHWAY 19 NORTH, STE. 100 CLEARWATER, FL 33761	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 [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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 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
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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: [signature] 727-939-4900 03/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #