

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025946

FILED
Jul 19, 2004
Secretary of State

Entity Name: SURGICAL IMPLANT SERVICES, LLC

Current Principal Place of Business:

16758 PANTHER PAW COURT
FORT MYERS, FL 33908

New Principal Place of Business:

4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256

Current Mailing Address:

16758 PANTHER PAW COURT
FORT MYERS, FL 33908

New Mailing Address:

16758 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWEENEY, MICHAEL J MD, MBA
16758 PANTHER PAW COURT
FORT MYERS, FL 33908

Name and Address of New Registered Agent:

SWEENEY, MICHAEL J MD, MBA
4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256

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:

07/19/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SWEENEY, MICHAEL J MD, MBA
Address: 16758 PANTHER PAW COURT
City-St-Zip: FORT MYERS, FL 33908

Title: MGR () Delete
Name: MCGUIRE, JOHN M MA, CPA
Address: 14176 PINE ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN M MCGUIRE, MA, CPA

MGR

07/19/2004

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