

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000032541

**FILED**  
**Jan 10, 2005**  
**Secretary of State**

**Entity Name:** SURGICAL DELIVERY SYSTEMS, LLC

**Current Principal Place of Business:**

140 JUPITER LAKES BLVD.  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

140 JUPITER LAKES BLVD.  
JUPITER, FL 33458 US

**New Mailing Address:**

**FEI Number:** 61-1458539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWFIELD, KEVIN B  
140 JUPITER LAKES BLVD.  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

NEWFIELD, KEVIN B  
140 JUPITER LAKES BLVD.  
JUPITER, FL 33458 US

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: KEVIN B. NEWFIELD

01/10/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: NEWFIELD, KEVIN B  
Address: 140 JUPITER LAKES BLVD.  
City-St-Zip: JUPITER, FL 33458 US

**ADDITIONS/CHANGES:**

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: KEVIN B. NEWFIELD

MGRM

01/10/2005

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