


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90017 025 ****50.00

DOCUMENT # L03000032697	
1. Entity Name SURGICAL GARMENTS OF FLORIDA, LLC	

Principal Place of Business 3362 GLEN DEVON LANE DULUTH GA 30096 US	Mailing Address 3362 GLEN DEVON LANE DULUTH GA 30096 US
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2. Principal Place of Business 5417 BARNWELL CT Suite, Apt. #, etc.	3. Mailing Address 5417 BARNWELL CT Suite, Apt. #, etc.
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City & State Leesburg, FL	City & State Leesburg, FL
Zip 34748	Zip 34748
Country USA	Country USA



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent MYFLORIDACORP.COM 8406 PCB PARKWAY SUITE L PANAMA CITY BEACH FL 32407	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

4. FEI Number 55-0845336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2005	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOGASH, MARTIN 3362 GLEN DEVON LANE DULUTH GA 30096 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5417 BARNWELL CT LEESBURG, FL 34748 <input checked="" 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
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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: Martin Bogash 3/1/05 352-987-7258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #