


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000032697</b> 1. Entity Name <b>SURGICAL GARMENTS OF FLORIDA, LLC</b>	
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Principal Place of Business <b>5417 BARN WELL COURT LEESBURG, FL 34748 US</b>	Mailing Address <b>5417 BARN WELL COURT LEESBURG, FL 34748 US</b>
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**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-LLC CRZE063 (11/05)

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

6. Name and Address of Current Registered Agent

**MYFLORIDACORP.COM  
8408 PCB PARKWAY  
SUITE L  
PANAMA CITY BEACH, FL 32407**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000478450  
04/08/06-80006-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BOGASH, MARTIN 5417 BARN WELL COURT LEESBURG, FL 34748</b>
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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 606, Florida Statutes.

**SIGNATURE:**  **3/20/06 3527873328**

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