

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90187 015 \*\*\*\*\*55.00

EP DVNF OUI\$ L03000039177

2/ Entity Name  
MEDICAL SOUNDS TECHNOLOGIES (MST), LLC



Principal Place of Business  
8151XFTUCBNRUP:QBELSPEE  
5745  
CPDBSELP:QIM44544

Mailing Address  
34288MBTUM  
CPDBSELP:QIM44544

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02072006 Op Di h. MD

DS3F1941)22016\*

5/ FEI Number  
20-3276901

Applied For  
Not Applicable

6/ Certificate of Status Desired

☒ %/11 Beejupobm  
G f i S i r v j d e

7/ Obn f l b o e i B e e s f t t l p g D v s f o u S f h j t u f e l B h f o u

FRANCHINO, STEVEN R  
23177 VIA STEL  
BOCA RATON, FL 33433

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9/ 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

## MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MR  
FRANCHINO, STEVEN R  
23177 VIA STEL  
BOCA RATON, FL 33433

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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22/ 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.

T.JOBVUSF:

T.JOBVUSF BOE MCOFE PS OS.DUFE OBNF PG.T.HOCH NBOSLCH NFNCFB-PS BVUI PSJ FE SFQSFTFOUBUW

Date

Daytime Phone #

STEVEN R Franchino 2/08/06 9542909007