

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000040989

Entity Name: SURGISTICS LLC

**FILED**  
**Feb 02, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

21218 ST. ANDREWS BLVD.  
#216  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

21218 ST. ANDREWS BLVD.  
#216  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 32-0096382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PRYOR, BRENDA  
21218 ST. ANDREWS BLVD.  
#216  
BOCA RATON, FL 33433 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PRYOR, BRENDA R  
Address: 21218 ST. ANDREWS BLVD. #216  
City-St-Zip: BOCA RATON, FL 33433

**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: BRENDA R PRYOR

MGRM

02/02/2004

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