

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000040989

Entity Name: SURGISTICS LLC

**FILED**  
**Apr 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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/MANAGERS:**

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

I hereby 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 PRYOR

MGRM

04/11/2010

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