

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001902

Entity Name: S. FLA. MEDICAL COMPONENTS. LLC

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

1725 NORTHEAST TWENTY-SECOND TERRACE
FORT LAUDERDALE, FL, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

1725 NORTHEAST TWENTY-SECOND TERRACE
FORT LAUDERDALE, FL, FL 33305 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN DER POOL, CLINTON JR.
1725 NORTHEAST TWENTY-SECOND TERRACE
FORT LAUDERDALE, FL 33305 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: VAN DER POOL, CLINTON JR.
Address: 1725 NORTHEAST TWENTY-SECOND TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33305 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: KRISTEN, VAN DER POOL E MRS.
Address: 1725 NE 22ND TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33305 US

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: KRISTEN VAN DER POOL

MGRM

01/04/2005

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