


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

|   |   |
|---|---|
| <b>DOCUMENT # L04000009661</b>                |  |
| 1. Entity Name<br><b>SURGIMED GLOBAL, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1303 NW 78 AVE<br/>MIAMI, FL 33126</b> | Mailing Address<br><b>1303 NW 78 AVE<br/>MIAMI, FL 33126</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01182006No Chg-LLC CR2E083 (11/05)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-2688663</b> | Applied For<br>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

**LAVOI, FERNANDO L  
1303 NW 78 AVE  
MIAMI, FL 33126**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

| 9. MANAGING MEMBERS/MANAGERS                   |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>LAVOI, FERNANDO L<br>1303 NW 78 AVE<br>MIAMI, FL 33126 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |

U00000399147  
01/31/06-90028-002 50.00

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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 608, Florida Statutes.

**SIGNATURE:** *Fernando L. Lavo* 1/19/06 (305) 599-1151

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