2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000009661

1. Entity Name SURGIMED GLOBAL, LLC



FILED Jan 10, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1303 NW 78 AVE MIAMI, FL 33126

1303 NW 78 AVE MIAMI, FL 33126



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2688663

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

U00000501253

01/10/07-80082-009 50.00

Filing Fee is \$50.00 Due by May 1, 2007

| 3.33 J. may 1, 2007 | | |
|---|---|---------------|
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LAVOI, FERNANDO L 1303 NW 78 AVE MIAMI, FL 33126 | |
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| 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chanter, 119. Florida Statutes, Lifurther certify that the information | | |

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 Yue 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 of the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, DRAUTHORIZED REPRESENTATIVE

1/5/07

Daylime Phone #