2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2005
Secretary of State

DOCUMENT# L04000009868

Entity Name: SURGICAL BLUE HOSPITAL SUPPLIES, LLC

Current Principal Place of Business:

2106 CHAGALL CIRCLE
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2106 CHAGALL CIRCLE
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 75-3149409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JACKSON-STRAGE, JENNIFER
2106 CHAGALL CIRCLE
WEST PALM BEACH, FL 33409 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: MGR ( ) Delete
Name: WOLF, C.S.
Address: 1439 ENCLAVE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGR ( ) Delete
Name: WOLF, I.E.
Address: 1439 ENCLAVE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGR ( ) Delete
Name: JACKSON-STRAGE, JENNIFER
Address: 2106 CHAGALL CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

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

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

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: C. S. WOLF MGR 07/19/2005

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