2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022452

Entity Name: CMF SURGICAL, LLC

Name:

Address:

City-St-Zip:

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 509 PONTE VEDRA BOULEVARD 11221-3 ST. JOHNS INDUSTRIAL PKWY. PONTE VEDRA BEACH, FL 32082 JACKSONVILLE, FL 32246 **Current Mailing Address: New Mailing Address:** 509 PONTE VEDRA BOULEVARD 11221-3 ST. JOHNS INDUSTRIAL PKWY. PONTE VEDRA BEACH, FL 32082 JACKSONVILLE, FL 32246 FEI Number: 20-0898448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPILLER, JONATHAN M 509 PONTE VEDRA BOULEVARD PONTE VEDRA BEACH, FL 32082 US 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: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition CAVANAUGH, JAMES L PRES. Name: Name: Address: Address: 44 32ND AVE. N City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32250 US Title: Title: MGR () Change (X) Addition () Delete

Name:

Address:

City-St-Zip:

SPILLER, JONATHAN M OWNER

PONTE VEDRA BEACH, FL 32082 US

509 PONTE VEDRA BLVD.

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: JAMES L. CAVANAUGH PRES 04/13/2005