


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000022452 1. Entity Name CMF SURGICAL, LLC	
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Principal Place of Business 11221-3 ST. JOHNS INDUSTRIAL PKWY. JACKSONVILLE, FL 32246	Mailing Address 11221-3 ST. JOHNS INDUSTRIAL PKWY. JACKSONVILLE, FL 32246
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03312006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0898448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPILLER, JONATHAN M 509 PONTE VEDRA BOULEVARD PONTE VEDRA BEACH, FL 32082
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**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) DATE

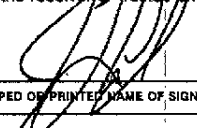
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAVANAUGH, JAMES L PRES. 44 32ND AVE. N JACKSONVILLE, FL 32250	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPILLER, JONATHAN M OWNER 509 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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05/13/06-80034-017 50.00

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IN THIS SPACE**

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:  **4/27/06** **904-616-4130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #