2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2005
Secretary of State

DOCUMENT# L04000025327

Entity Name: COPYSURGERY, LLC

Current Principal Place of Business:

835 SPANISH OAKS BLVD.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16406
CLEARWATER, FL 33766

New Mailing Address:

FEI Number: 20-0953226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOZOIS, LEONARD A
835 SPANISH OAKS BLVD.
PALM HARBOR, FL 34683 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/MEMBERS:

Title: MGRM ( ) Delete
Name: DOZOIS, LEONARD A
Address: 835 SPANISH OAKS BLVD.
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM ( ) Delete
Name: DOZOIS, LISA J
Address: 835 SPANISH OAKS BLVD.
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

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: LEONARD A. DOZOIS MGRM 02/27/2005

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