

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025978

FILED
May 15, 2006
Secretary of State

Entity Name: CERTIFIED SURGICAL INSTRUMENTATION LLC

Current Principal Place of Business:

11321 SATELLITE BLVD
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

11321 SATELLITE BLVD
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 26-0082926 **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:

BULLION, JENNIFER A
11817 SCARECROW LANE
ORLANDO, FL 32821 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: MGRM () Delete
Name: SLATON, HAL
Address: 6083 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: BULLION, JENNIFER A
Address: 11321 SATELLITE BLVD
City-St-Zip: ORLANDO, FL 32821

Title: MGRM (X) Delete
Name: MCCONNELL, MICHAEL G
Address: 27906 VIA BELLAZA
City-St-Zip: LAGUNA BEACH, CA 92677

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 Chapter 119, 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: HAL SLATON

MGR

05/15/2006

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