2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State
02-25-2005 90023 013 ****55.00

DOCUMENT # L04000026525

1. Entity Name
SQUAREONE MEDICAL MANUFACTURING, LLC

Principal Place of Business	Mailing Address
6955 TURNBERRY CIRCLE NAVARRE, FL 32566	6955 TURNBERRY CIRCLE NAVARRE, FL 32566

02182005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
6491 Caroline Street		6491 Caroline Street	
Suite, Apt. #, etc. Suite One		Suite, Apt. #, etc. Suite One	
City & State Milton FL		City & State Milton FL	
Zip 32570	Country USA	Zip 32570	Country USA

4. FEI Number 11-3694530 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, GARY
6955 TURNBERRY CIRCLE
NAVARRE, FL 32566

7. Name and Address of New Registered Agent

Name STUART M FOLLAND
Street Address (P.O. Box Number is Not Acceptable) 6491 Caroline STREET
Suite One
City Milton FL Zip Code 32570

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] STUART M FOLLAND 2/14/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBSON, GARY 6955 TURNBERRY CIRCLE NAVARRE, FL 32566	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/M STUART M FOLLAND 6491 Caroline Street, Suite One Milton FL 32570	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 2/14/05 850 981 1014 / 850 866 4385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #