2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 10:06

DOCUMENT # L04000026525

1. Entity Name
SANTA ROSA MEDICAL SAFETY, LLC

Principal Place of Business	Mailing Address
6491 CAROLINE STREET SUITE ONE MILTON, FL 32570	6491 CAROLINE STREET SUITE ONE MILTON, FL 32570

05032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
1411 Ramble Brook		1411 Ramble Brook	
Suite, ~~Apt #, etc.~~ C		Suite, ~~Apt #, etc~~ C	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32301	Country	Zip 32301	Country

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	7. Name and Address of New Registered Agent
FOLLAND, STUART M 6491 CAROLINE STREET SUITE ONE MILTON, FL 32570	Name Street Address (P.O. Box Number is Not Acceptable) 1411 RAMBLE BROOK SUITE C City TALLAHASSEE FL Zip Code 32301

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 August 31, 2006
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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOLLAND, STUART M 6491 CAROLINE STREET SUITE ONE MILTON, FL 32570	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1411 Ramble Brook - Suite C Tallahassee FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600080043476 09/21/06--01051--008 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: [signature] August 31 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
STUART M. FOLLAND