

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000040883

**FILED**  
**Mar 17, 2005**  
**Secretary of State**

**Entity Name:** GAINOR SPECIALTY MEDICAL, LLC

**Current Principal Place of Business:**

40301 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109

**New Principal Place of Business:**

**Current Mailing Address:**

40301 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCURDY, JEFFREY  
40301 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109 US

**Name and Address of New Registered Agent:**

MCCURDY, JEFFREY  
5111 OCEAN BLVD  
SUITE F  
SARASOTA, FL 34242 US

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: JEFFREY R. MCCURDY

03/17/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GAINOR, MARK  
Address: 40301 FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

**ADDITIONS/CHANGES:**

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: MARK J. GAINOR

MGRM

03/17/2005

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