

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90082 002 \*\*\*\*50.00

**DOCUMENT #** L04000066593

**1. Entity Name**

**FUSION MEDICAL HOLDINGS, LLC**

**DO NOT WRITE IN THIS SPACE**

**20048716**

<b>2. Principal Place of Business</b> <b>3930 NW 23RD COURT</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> <b>BOCA RATON, FL</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> <b>20-1541453</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>Zip</b> <b>33431</b>	<b>Country</b> <b>USA</b>	<b>Zip</b>	<b>Country</b>

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

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> <b>FREDRICK THABET</b>	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>3930 NW 23RD COURT</b>	
	<b>City</b> <b>BOCA RATON</b>	<b>Zip Code</b> <b>FL 33431</b>

**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** Frederick J. Thabet **7-7-06**

Signature, typed or printed name of registered agent and title if applicable. DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRESIDENT</b> <u>Frederick J. Thabet</u> <u>SAME 3930 NW 23rd Court</u> <u>Boca Raton, FL 33431</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**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:** Frederick J. Thabet **7-7-06** **561-445-3919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)

LIMITED LIABILITY COMPANY  
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ATX1

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BOCA RATON, FL

City & State

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Name

Frederick J. Thabet

Street Address (P.O. Box Number is Not Acceptable)

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City

Boca Raton

FL

Zip Code

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President  
Frederick J. Thabet  
3930 NW 23<sup>rd</sup> Court  
Boca Raton, FL 33431

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CITY-ST-ZIP

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SIGNATURE:

Frederick J. Thabet

7-7-06

561-445-3919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E003B (12/02)