

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088438

**FILED**  
**Apr 22, 2005**  
**Secretary of State**

**Entity Name:** SURGICAL SAFETY INSTITUTE, LLC

**Current Principal Place of Business:**

4951 WEST BAY WAY DRIVE  
TAMPA, FL 33629

**New Principal Place of Business:**

2203 N LOIS AV  
9TH FLOOR  
TAMPA, FL 33607

**Current Mailing Address:**

4951 WEST BAY WAY DRIVE  
TAMPA, FL 33629

**New Mailing Address:**

2203 N LOIS AV  
9TH FLOOR  
TAMPA, FL 33607

FEI Number: 20-1977100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KARL, MARY C  
4951 WEST BAY WAY DRIVE  
TAMPA, FL 33629 US

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

KARL, MARY C  
2203 N LOIS AV  
9TH FLOOR  
TAMPA, FL 33607 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: \_\_\_\_\_

04/22/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: KARL, MARY C  
Address: 2203 N LOIS AV  
City-St-Zip: TAMPA, FL 33607

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: MARY KARL

MGR

04/22/2005

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