

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000088438

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

2203 N LOIS AV  
9TH FLOOR  
TAMPA, FL 33607

**New Principal Place of Business:**

4951 W BAY WAY DR  
TAMPA, FL 33629

**Current Mailing Address:**

2203 N LOIS AV  
9TH FLOOR  
TAMPA, FL 33607

**New Mailing Address:**

4951 W BAY WAY DR  
TAMPA, FL 33629

**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  
2203 N LOIS AV  
9TH FLOOR  
TAMPA, FL 33607 US

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

KARL, MARY C  
4951 W BAY WAY DR  
TAMPA, FL 33629 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: MARY KARL

03/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KARL, MARY C  
Address: 4951 W BAY WAY DR  
City-St-Zip: TAMPA, FL 33629

I hereby 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

MEMB

03/30/2010

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