

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031394

Entity Name: MTS MEDICAL, LLC

FILED
Jan 23, 2006
Secretary of State

Current Principal Place of Business:

12550 BISCAYNE BOULEVARD, SUITE 500
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12550 BISCAYNE BOULEVARD, SUITE 500
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 41-2172284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGEL, SPENCER
12550 BISCAYNE BOULEVARD, SUITE 500
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAVANAUGH, MICHAEL
Address: 12550 BISCAYNE BOULEVARD, SUITE 500
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM () Delete
Name: OH, TAEHO
Address: 12550 BISCAYNE BOULEVARD, SUITE 500
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM () Delete
Name: ANGEL, SPENCER
Address: 12550 BISCAYNE BOULEVARD, SUITE 500
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: SPENCER ANGEL

MRGM

01/23/2006

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