2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# L05000031394

Entity Name: MTS MEDICAL, LLC

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 MGR 01/09/2007

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