2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State
01-15-2008 90016 006 ***138.75

DOCUMENT # L05000031394

1. Entity Name
MTS MEDICAL, LLC

Principal Place of Business	Mailing Address
12550 BISCAYNE BOULEVARD, SUITE 500 NORTH MIAMI, FL 33181	12550 BISCAYNE BOULEVARD, SUITE 500 NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

01112008No Chg-LLC CR2E083 (12/07)

4. FEI Number
41-2172284

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAVANAUGH, MICHAEL
STREET ADDRESS	12550 BISCAYNE BOULEVARD, SUITE 500
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	MGRM
NAME	OH, TAEHO
STREET ADDRESS	12550 BISCAYNE BOULEVARD, SUITE 500
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	MGRM
NAME	ANGEL, SPENCER
STREET ADDRESS	12550 BISCAYNE BOULEVARD, SUITE 500
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ MBC 2/25/08 305-868-7180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #