

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112262

Entity Name: GALIN SURGICAL, LLC

FILED  
Feb 07, 2006  
Secretary of State

**Current Principal Place of Business:**

% MICHAEL GALIN  
1502 NEW HAVEN POINT LANE  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

% MICHAEL GALIN  
1502 NEW HAVEN POINT LANE  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 20-3832884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMERICAN INFORMATION SERVICES, INC.  
401 EAST JACKSON STREET  
SUITE 1700  
TAMPA, FL 33602 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MANA ( ) Change (X) Addition  
Name: GALIN, MICHAEL A D.O.  
Address: 1502 NEW HAVEN POINT LANE  
City-St-Zip: WEST PALM BEACH, FL 33411

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: MICHAEL GALIN

MANA

02/07/2006

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