

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112262

Entity Name: GALIN SURGICAL, LLC

FILED
Jan 03, 2007
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: MANA () Delete
Name: GALIN, MICHAEL A D.O.
Address: 1502 NEW HAVEN POINT LANE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES:

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: MICHAEL A. GALIN, D.O.

MANA

01/03/2007

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