2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# L05000112262

Entity Name: GALIN SURGICAL, LLC

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:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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 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, D.O. MANA 01/05/2008

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