

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120663

Entity Name: HOLLEY SURGICAL LLC

FILED  
Mar 19, 2007  
Secretary of State

## Current Principal Place of Business:

900 EAST OCEAN BLVD  
SUITE 246E  
STUART, FL 34994

## New Principal Place of Business:

2065 S. KANNER HIGHWAY  
STUART, FL 34994

## Current Mailing Address:

900 EAST OCEAN BLVD  
SUITE 246E  
STUART, FL 34994

## New Mailing Address:

2065 S. KANNER HIGHWAY  
STUART, FL 34994

FEI Number: 20-3981291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLLEY, DANIEL T  
2087 SW DANFORTH CIR  
PALM CITY, FL 34990 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: D ( ) Delete  
Name: HOLLEY, DANIEL  
Address: 2087 SW DANFORTH CIR  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: HOLLEY, MAUREEN  
Address: 2087 SW DANFORTH CIR  
City-St-Zip: PALM CITY, FL 34990

## ADDITIONS/CHANGES:

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: DANIEL T. HOLLEY

PRES

03/19/2007

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