2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L06000046293

Entity Name: BLUE DOOR SURGICAL, LLC

Current Principal Place of Business:

515 E. PARK AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

325 S. BISCAYNE BOULEVARD
2915
MIAMI, FL 33131

Current Mailing Address:

515 E. PARK AVENUE
TALLAHASSEE, FL 32301

New Mailing Address:

325 S. BISCAYNE BOULEVARD
2915
MIAMI, FL 33131

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LIMITED AGENT SERVICES
44 WEST FLAGLER STREET
675
MIAMI, FL 33130 US

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: STEFANIE LEWIS 05/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: OKPAKU, ANIRE
Address: 515 E. PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: OKPAKU, ANIRE
Address: 325 S. BISCAYNE BOULEVARD, 2915
City-St-Zip: MIAMI, FL 33131

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: ANIRE OKPAKU MM 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date