

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000079792

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** SURGICAL PAL PRODUCTIONS, LLC

**Current Principal Place of Business:**

767 INDIAN RIVER DRIVE  
MELBOURNE, FL 32935

**New Principal Place of Business:**

1130 S. HARBOR CITY BLVD. SUITE 101  
MELBOURNE, FL 32901

**Current Mailing Address:**

767 INDIAN RIVER DRIVE  
MELBOURNE, FL 32935

**New Mailing Address:**

1130 S. HARBOR CITY BLVD. SUITE 101  
MELBOURNE, FL 32901

**FEI Number:** 26-2592369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZIPPER, RALPH  
767 INDIAN RIVER DRIVE  
MELBOURNE, FL 32935 US

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

ZIPPER, RALPH  
1130 S. HARBOR CITY BLVD. SUITE 101  
MELBOURNE, FL 32901 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: RALPH ZIPPER

03/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ZIPPER, RALPH MD  
Address: 1130 S. HARBOR CITY BLVD. SUITE 101  
City-St-Zip: MELBOURNE, FL 32901 US

I hereby 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: RALPH ZIPPER

MGR

03/09/2011

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