

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078890

FILED
Apr 25, 2008
Secretary of State

Entity Name: UNIQUE SURGICAL INNOVATIONS, LLC

Current Principal Place of Business:

8392 TWIN LAKES DRIVE
BOCA RATON, FL 33486

New Principal Place of Business:

9401 EDEN MANOR
PARKLAND, FL 33076

Current Mailing Address:

8392 TWIN LAKES DRIVE
BOCA RATON, FL 33486

New Mailing Address:

9401 EDEN MANOR
PARKLAND, FL 33076

FEI Number: 26-0719223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANELLA, ROSS H ESQ
HINSHAW & CULBERTSON LLP
1 E. BROWARD BOULEVARD SUITE 1010
FT. LAUDERDALE, FL 33301 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: MGRM () Delete
Name: WEXNER, STEVEN D M.D.
Address: 8392 TWIN LAKES DRIVE
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete
Name: FRANCISCO SERGIO PIN, HEIRO REGADAS, M.D.
Address: ONE EAST BROWARD BLVD., SUITE 1010
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEXNER, STEVEN D M.D.
Address: 9401 EDEN MANOR
City-St-Zip: PARKLAND, FL 33076

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: STEVEN D. WEXNER MD

MGRM

04/25/2008

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