

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000079373

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** SURGICAL TRIP, LLC

**Current Principal Place of Business:**

7491 NORTH FEDERAL HIGHWAY SUITE C-5 293  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

7491 NORTH FEDERAL HIGHWAY SUITE C-5 293  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 26-3830564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOK, BRAD  
7491 NORTH FEDERAL HIGHWAY SUITE C-5 293  
BOCA RATON, FL 33487 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:** PRES  
**Name:** O'HARA, TOM  
**Address:** 150 NORTH RADNOR CHESTER ROAD SUITE F100  
**City-St-Zip:** RADNOR, PA 19087

**Title:** COO  
**Name:** COOK, BRAD  
**Address:** 7491 NORTH FEDERAL HIGHWAY SUITE C-5 293  
**City-St-Zip:** BOCA RATON, FL 33487

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:** THOMAS OHARA

PRES

01/05/2010

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