

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000106739

**FILED**  
**Mar 21, 2010**  
**Secretary of State**

**Entity Name:** SURGICAL DISTRIBUTOR MANAGEMENT, LLC

**Current Principal Place of Business:**

601 HERITAGE DRIVE  
SUITE 152  
JUPITER, FL 33458

**New Principal Place of Business:**

601 HERITAGE DRIVE  
SUITE 151  
JUPITER, FL 33458

**Current Mailing Address:**

601 HERITAGE DRIVE  
SUITE 152  
JUPITER, FL 33458

**New Mailing Address:**

601 HERITAGE DRIVE  
SUITE 151  
JUPITER, FL 33458

**FEI Number:** 94-3468233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMONSON, RUSH E  
125 SUGARBERRY DRIVE  
JUPITER, FL 33458 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: MGR  
Name: SIMONSON, RUSH E  
Address: 125 SUGARBERRY DRIVE  
City-St-Zip: JUPITER, FL 33458 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: RUSH E. SIMONSON

CEO

03/21/2010

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