

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000106739

**FILED**  
**Jan 22, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

601 HERITAGE DRIVE  
SUITE 151  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

601 HERITAGE DRIVE  
SUITE 151  
JUPITER, FL 33458

**New Mailing Address:**

**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:**

SIMONSON, RUSH E  
601 HERITAGE DRIVE  
151  
JUPITER, FL 33458 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:** RUSH E. SIMONSON

01/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SIMONSON, RUSH E  
**Address:** 601 HERITAGE DRIVE, SUITE 151  
**City-St-Zip:** JUPITER, FL 33458 US

**Title:** MGR  
**Name:** MCROBERTS, JOHN F  
**Address:** 601 HERITAGE DRIVE, SUITE 151  
**City-St-Zip:** JUPITER, FL 33458

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

MGR

01/22/2011

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