

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090039

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** INNOVATION & SURGERY, LLC

**Current Principal Place of Business:**

888 BISCAYNE BLV  
4810  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

8 THE BOULEVARD  
SEACLIFF, NY 11579

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARINARI, CRISTIANO  
410 MERIDIAN AVE  
FL2  
MIAMI BEACH, FL 33139 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  
Name: RAVO, BIAGIO MD  
Address: 8 THE BOULEVARD  
City-St-Zip: SEACLIFF, NY 11579

Title: MGR  
Name: RAVO, LUCILLA  
Address: 8 THE BOULEVARD  
City-St-Zip: SEACLIFF, NY 11579

Title: MGR  
Name: RAVO, PATRIZIA  
Address: 8 THE BOULEVARD  
City-St-Zip: SEACLIFF, NY 11579

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: BIAGIO RAVO

MGRM

03/15/2010

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