

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000015149

Entity Name: DELTA SURGICAL SUPPLY I, LLC

**FILED**  
**Jan 21, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

6699 N FEDERAL HWY  
SUITE 102  
BOCA RATON, FL 33487 US

## **Current Mailing Address:**

6699 N FEDERAL HWY  
SUITE 102  
BOCA RATON, FL 33487 US

## **New Principal Place of Business:**

22166 BELLA LAGO DR  
APT 805  
BOCA RATON, FL 33433 US

## **New Mailing Address:**

22166 BELLA LAGO DR  
APT 805  
BOCA RATON, FL 33433 US

FEI Number: 27-5307591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ISAACS, STEVE  
6699 N FEDERAL HWY  
SUITE 102  
BOCA RATON, FL 33487 US

## **Name and Address of New Registered Agent:**

ISAACS, STEVE  
22166 BELLA LAGO DR  
APT 805  
BOCA RATON, FL 33433 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: STEVE ISAACS

01/21/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ISAACS, STEVE  
Address: PO BOX 812372  
City-St-Zip: BOCA RATON, FL 33481 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: STEVE ISAACS

MGR

01/21/2012

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