

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000065080

Entity Name: SURGICAL MOMENTUM, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

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

444 SEABREEZE BLVD STE 200  
DAYTONA BEACH, FL 32118

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

201 NORTH CLYDE MORRIS BLVD.  
SUITE 210  
DAYTONA BEACH, FL 32114

## **Current Mailing Address:**

444 SEABREEZE BLVD STE 200  
DAYTONA BEACH, FL 32118

## **New Mailing Address:**

227 SANDY SPRINGS PLACE  
SUITE D-286  
ATLANTA, GA 30328

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

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

THOMAS, LENNON P JR  
201 NORTH CLYDE MORRIS BLVD  
SUITE 210  
DAYTONA BEACH, FL 32114 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: THOMAS P LENNON JR

01/04/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RAMSHAW, BRUCE J  
Address: 201 NORTH CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGR  
Name: LENNON, THOMAS P JR  
Address: 201 NORTH CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGR  
Name: BARRETT, WILLIAM  
Address: 201 NORTH CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

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: BRUCE RAMSHAW

MGR

01/04/2012

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