08 LIMITED LIABILITY COMPANY ANNUAL REPORT

MENT # L99000009289

CARTLEDGE MEDICAL PRODUCTS, L.L.C.

FILED
Apr 14, 2006, 08:00 Al
Secretary of State

Principal Place of Business

125 NORTH 46TH AVENUE HOLLYWOOD, FL 33021 Mailing Address

125 NORTH 46TH AVENUE HOLLYWOOD, FL 33021



04032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0999486 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GOTTLIEB, BRUCE M 125 NORTH 46TH AVENUE HOLLYWOOD, FL 33021

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING M

DO NOT WRITE IN THIS SPACE

		1					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registere	d office or registere	d agent, or both	n, in the State o	f Florida. I am fami	liar with, and accept
SIGNATURE					<u>.</u> .		<i>r</i>
0.0.0.10.12	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered	Agent signature required v	rhen reinstating)		DATE	*
D	ling Fee is \$50.00 ue by May 1, 2006			. 40			
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTLEDGE, RICHARD 125 N. 46TH AVENUE HOLLYWOOD, FL 33021					-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOTTLIEB, BRUCE M 125 NORTH 46TH AVENUE HOLLYWOOD, FL 33021				000 04/28/	0101509576 1)6-80050-0	NI 50.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT I	WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN T	THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
TITLE NAME STREET ADDRESS							

11. I hereby certify that the information supplied with this filing does not fluidify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BER, OR AUTHORIZED REPRESENTATIVE