


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 99MAR 10 PM 1:00	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000033 SURGICAL INSTRUMENT REPAIR SERVICE, L.L.C. 1181 N. MILFORD ROAD MILFORD MI 48381			1a. Principal Place of Business Address 1181 N. MILFORD ROAD MILFORD MI 48381		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 01/29/1997	3a. State of Formation DE
		4. FEI Number 38-3272205		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report 05/04/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: center;">FL</div>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when first stated)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	TYLER, LYLE B	1181 N. MILFORD ROAD		MILFORD MI	
MGR	NICHOLS, JAMES A	1181 N. MILFORD ROAD		MILFORD MI	
MGR	AGOSTON, LOUIS E	1181 N. MILFORD ROAD		MILFORD MI	
MGR	STAUNER, JAMES	1435 LAKE COOK ROAD		DEERFIELD IL	

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Expiring Filing #