

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000050350

**Entity Name:** JENSEN SURGICAL, LLC

**Current Principal Place of Business:**

19119 2ND COURT NW  
LUTZ, FL 33548

**Current Mailing Address:**

19119 2ND COURT NW  
LUTZ, FL 33548 US

**FEI Number:** 80-0716655

**Certificate of Status Desired:** No

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

JENSEN, RENEE  
19119 2ND COURT NW  
LUTZ, FL 33548 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRES  
Name            JENSEN, RENEE  
Address        19119 2ND COURT NW  
City-State-Zip: LUTZ FL 33548

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RENEE JENSEN

**PRESIDENT**

**09/20/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date