

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000249355

**Entity Name:** KTS MEDICAL EDUCATION LLC

**Current Principal Place of Business:**

5410 JACKSON ST  
GRAND FORKS, ND 58201

**Current Mailing Address:**

5410 JACKSON ST  
GRAND FORKS, ND 58201 US

**FEI Number:** 87-1376526

**Certificate of Status Desired:** No

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

BOYER, JOHN  
3300 PGA BLVD  
625  
PALM BEACH GARDENS, FL 33401 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	MGR	Title	MGR
Name	SHAHWAN, CHRIST G	Name	SHAHWAN, KATHRYN T
Address	5410 JACKSON ST	Address	5410 JACKSON ST
City-State-Zip:	GRAND FORKS ND 58201	City-State-Zip:	GRAND FORKS ND 58201

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRIST SHAHWAN

**MGR**

**02/07/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date