2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000003834

Entity Name: K B MEDICAL, LLC

Current Principal Place of Business:

835 POINT SEASIDE DR.
CRYSTAL BEACH, FL 346810219

New Principal Place of Business:

835 POINT SEASIDE DR.
P.O. BOX 219
CRYSTAL BEACH, FL 346810219

Current Mailing Address:

P.O. BOX 219
CRYSTAL BEACH, FL 346810219

New Mailing Address:

| FEI Number: | FEI Number Applied For ( ) | FEI Number Not Applicable (X) | Certificate of Status Desired ( ) |

Name and Address of Current Registered Agent:

BERGER, MARC S
835 POINT SEASIDE DR.
CRYSTAL BEACH, FL 346810219

Name and Address of New Registered Agent:

BERGER, MARC S
835 POINT SEASIDE DR.
P.O. BOX 219
CRYSTAL BEACH, FL 346810219

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: MARC S. BERGER   03/24/2002
_____
                 Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR   ( ) Change (X) Addition
Name: BERGER, MARC S MDCM
Address: 835 POINT SEASIDE DRIVE PO BOX 219
City-St-Zip: CRYSTAL BEACH, FL 346810219

Title: MGR   ( ) Change (X) Addition
Name: KARVER, SLOAN B MD
Address: 835 POINT SEASIDE DRIVE PO BOX 219
City-St-Zip: CRYSTAL BEACH, FL 346810219

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: MARC S. BERGER   DR.   03/24/2002
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date