

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003834

Entity Name: K B MEDICAL, LLC

FILED  
Jul 10, 2004  
Secretary of State

## Current 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 Principal Place of Business:

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

## 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.  
P.O. BOX 219  
CRYSTAL BEACH, FL 346810219

## Name and Address of New Registered Agent:

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

## MANAGING MEMBERS/MEMBERS:

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

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

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

07/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date