

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90122 020 ****50.00

0020648

DOCUMENT # L01000003834

1. Entity Name

K B MEDICAL, LLC



Principal Place of Business

Mailing Address

**835 POINT SEASIDE DR.
P.O. BOX 219
CRYSTAL BEACH FL 34681-0219**

**P.O. BOX 219
CRYSTAL BEACH FL 34681-0219**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGER, MARC S
835 POINT SEASIDE DR.
P.O. BOX 219
CRYSTAL BEACH FL 34681-0219**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-27-03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BERGER, MARC S MDCM**
STREET ADDRESS **835 POINT SEASIDE DRIVE PO BOX 219**
CITY-ST-ZIP **CRYSTAL BEACH FL 34681-0219**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **KARVER, SLOAN B MD**
STREET ADDRESS **835 POINT SEASIDE DRIVE PO BOX 219**
CITY-ST-ZIP **CRYSTAL BEACH FL 34681-0219**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-27-03 727-773-8250

Date

Daytime Phone #

CR2E083 (4/03)