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Jun 23, 2004 8:00 am
Secretary of State
04-28-2004 90073 025 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000014459

1. Entity Name
KASI ENTERPRISES, LLC

34008865

04252004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
1061 MEDICAL CENTER DR., STE. 210 ORANGE CITY, FL 32763	1061 MEDICAL CENTER DR., STE. 210 ORANGE CITY, FL 32763

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-0005314 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GADDIPATI, KALYANI M.D.
1061 MEDICAL CENTER DR., STE. 210
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent
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 K Gaddipati 4/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Managing Member~~ Manager KY Kalyani Gaddipati (same as above) ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Title: Manager KG KALYANI GADDIPATI, MD 1061 MEDICAL CENTER DRIVE # 210 ORANGE CITY, FL 32763 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER Managing Member KG SIVA R. GADDIPATI 1061 MEDICAL CENTER DR # 210 ORANGE CITY, FL 32763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Title: Managing Member SG SIVA R. GADDIPATI, MD 1061 MEDICAL CENTER DRIVE # 210 ORANGE CITY, FL 32763 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: K Gaddipati 4/25/04 (386) 774-4664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #