

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014459

Entity Name: KASI ENTERPRISES, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

1061 MEDICAL CENTER DR., STE. 210
ORANGE CITY, FL 32763

New Principal Place of Business:

917 RINEHART ROAD
SUITE 2051
LAKE MARY, FL 32746

Current Mailing Address:

1061 MEDICAL CENTER DR., STE. 210
ORANGE CITY, FL 32763

New Mailing Address:

917 RINEHART ROAD
SUITE 2051
LAKE MARY, FL 32746

FEI Number: 20-0005314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GADDIPATI, KALYANI M.D.
1061 MEDICAL CENTER DR., STE. 210
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

GADDIPATI, KALYANI M.D.
917 RINEHART ROAD-STE 2051
LAKE MARY, FL 32746 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:

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GADDIPATI, KALYANI
Address: 1061 MEDICAL CENTER DR, STE 210
City-St-Zip: ORANGE CITY, FL 32763

Title: MGR () Delete
Name: GADDIPATI, SIVA R
Address: 1061 MEDICAL CENTER DR, STE 210
City-St-Zip: ORANGE CITY, FL 32763

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 Chapter 119, 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: KALYANI GADDIPATI

MGR

04/24/2006

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