

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90033 041 \*\*\*\*50.00

**DOCUMENT #** L04000060460  
**1. Entity Name**  
**KAST MEDICAL HOLDINGS, LLC**

**DO NOT WRITE IN THIS SPACE**

**20038633**

<b>2. Principal Place of Business</b> <b>3930 NW 23RD COURT</b>	<b>3. Mailing Address</b>  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> <b>BOCA RATON, FL</b>	<b>City &amp; State</b>  	<b>4. FEI Number</b> <b>20-1392124</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>Zip</b> <b>33431</b>	<b>Country</b> <b>USA</b>	<b>Zip</b>  	<b>Country</b>  

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
**FREDRICK THABET**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**3930 NW 23RD COURT**  
  
**City**  
**BOCA RATON** **FL** **Zip Code**  
**33431**

**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**

**MANAGING MEMBER**

Signature, typed or printed name of registered agent and title if applicable.

**DATE**

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MANAGING MEMBER</b> <b>FREDRICK THABET</b> <b>3930 NW 23RD COURT</b> <b>BOCA RATON FL</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MANAGING MEMBER</b> <b>SUZANNE THABET</b> <b>3930 NW 23RD COURT</b> <b>BOCA RATON FL</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**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:**

*Frederick Thabet*

*4/13/05*

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

Date

Daytime Phone #