9/4/2007-90084-021-$50.00-$50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04000060460

1. Entity Name

KAST MEDICAL HOLDINGS, LLC

DO NOT WRITE IN THIS SPACE

07 SEP 26 PM 2:26

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

60055478

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3930 NW 23RD COURT	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State
Zip: 33431 Country	Zip Country

4. FEI Number: 20-1392124 ☐ Applied For ☐ Not Applicable

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): Same

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] 8-25-07

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

TITLE	MANAGING MEMBER	TITLE	
NAME	FREDRICK THABET	NAME	
STREET ADDRESS	3930 NW 23RD COURT	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E083E (12/02)

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] Fredrick Thabet, Mg Mbr. 8-25-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #