

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 19, 2007
Secretary of State**

DOCUMENT# L05000015543

Entity Name: KAPPELE MEDICAL, LLC

Current Principal Place of Business:

3624 NW BROWN ROAD
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

3624 NW BROWN ROAD
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 20-5224593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASH, ALICE
3624 NW BROWN ROAD
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: A & B MANAGEMENT, LL, C
Address: 3624 NW BROWN ROAD
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES:

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: A & B MANAGEMENT, LLC

MGRM

04/19/2007

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