

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000040816

Entity Name: KRISTOFFMED P.L.

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

16 100 GOLF CLUB ROAD #107  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

16 100 GOLF CLUB ROAD #107  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 90-0242504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

MARTINEZ, MARISOL ADMNSTR  
STERLING HOSPITALISTS AT PALMETTO HOSPITAL  
2001 WEST 68TH STREET  
HIALEAH, FL 33016 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: MARISOL MARTINEZ

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NABEREZNY, KRISTOFF  
Address: 16 100 GOLF CLUB ROAD #107  
City-St-Zip: WESTON, FL 33326

**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: KRISTOFF NABEREZNY

MGR

04/26/2006

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