

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000040816

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** KRISTOFFMED P.L.

**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:**

HEATH, BIBI ADMNSTR  
2950 CLEVELAND CLINIC BLVD.  
HOSPITALIST OFFICE  
WESTON, FL 33331 US

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

NABEREZNY, KATARZYNA ADMNSTR  
3530 S. UNIVERSITY DRIVE  
DAVIE, FL 33328 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: KATARZYNA NABEREZNY

03/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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.

03/18/2011

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