

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118313

Entity Name: KX MEDICAL, LLC

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

1600 NW 108 AVE
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1600 NW 108 AVE
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-3925831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROZENCWAIG & FERRERO-CARR
301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL FL 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: MGR () Delete
Name: AIZPURUA, MIKEL
Address: 1600 NW 108 AVE
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: AIZPURUA, XABIER
Address: 1600 NW 108 AVE
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: AIZPURUA, MIREN
Address: 1600 NW 108 AVE
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIKEL AIZPURUA

MGR

02/05/2007

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