

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000398

1. Entity Name

KRU MEDICAL VENTURES, LLC.

Principal Place of Business

7061 CYPRESS ROAD
SUITE 104
PLANTATION FL 33317

Mailing Address

7061 CYPRESS ROAD
SUITE 104
PLANTATION FL 33317-2243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0660400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURRIER, VICKI
7061 CYPRESS ROAD
SUITE 104
PLANTATION FL 33317

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM SPIRA, LAWRENCE R M.D. ☐ Delete
STREET ADDRESS 7061 CYPRESS ROAD, #104
CITY-ST-ZIP PLANTATION FL 33317

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MEM SPIRA, SAMUEL ☐ Delete
STREET ADDRESS 16070 SUNSET BLVD., #307
CITY-ST-ZIP PACIFIC PALISADES CA 90272

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003238270--7
CITY-ST-ZIP -05/03/00--01/33--020
*****50.00 *****50.00

TITLE NAME MGR BURRIER, VICKI ☐ Delete
STREET ADDRESS 7061 CYPRESS ROAD, #104
CITY-ST-ZIP PLANTATION FL 33317

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/11/00

Date

954-474 7701

Daytime Phone #

CR2E083 (9/99)