

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000574

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** K & K MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

8650 PASADENA BLVD.  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 848515  
PEMBROKE PINES, FL 33084

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

KNIGHT, JEANETTE  
8650 PASADENA BLVD  
PEMBROKE PINES, FL 33024 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  
Name: KNIGHT, JEANETTE  
Address: 8650 PASADENA BLVD.  
City-St-Zip: PEMBROKE PINES, FL 33024

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: JEANETTE KNIGHT

MGR

03/30/2010

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