

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90075 038 *****50.00

DOCUMENT # L03000016039

1. Entity Name

MEDALLION HEALTH SERVICES, LLC



Principal Place of Business

1111 12TH STREET, SUITE 204
KEY WEST FL 33040

Mailing Address

1111 12TH STREET, SUITE 204
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

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

Name

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

City

FL

Zip Code

RUPP, CORLISS A.M.D.
1111 12TH STREET, SUITE 204
KEY WEST FL 33040

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Corliss A. Rupp, MD

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/26/04

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME RUPP, CORLISS A.M.D.
STREET ADDRESS 1111 12TH STREET, SUITE 204
CITY-ST-ZIP KEY WEST FL 33040

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Corliss A. Rupp, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/04

Date

(305) 292-6799

Daytime Phone #