


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90037 036 ****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
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2. Principal Place of Business 3706 N. Roosevelt Blvd	3. Mailing Address same
Suite, Apt. #, etc. Suite E	Suite, Apt. #, etc.
City & State Key West, FL	City & State
Zip 33040	Country Monroe

1st MOORE CR2E083 (10/05)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RUPP, CORLISS A M.D. 1111 12TH STREET, SUITE 204 KEY WEST FL 33040		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Corliss A. Rupp MD* (NOTE: Registered Agent signature required when re-registering) DATE 4/24/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUPP, CORLISS A M.D. 1111 12TH STREET, SUITE 204 as above KEY WEST FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* DATE 4/24/06 305 292-6999

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