

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050066

Entity Name: MEDALLION MEDICAL, LLC

FILED
Mar 05, 2008
Secretary of State

Current Principal Place of Business:

2935 1ST AVENUE NORTH
SUITE 1
ST. PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

C/O ERNEST L. MASCARA, P.A.
475 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FL 33701 US

New Mailing Address:

C/O ERNEST L. MASCARA
PO BOX 266
ST. PETERSBURG, FL 33731 US

FEI Number: 26-0150190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
475 CENTRAL AVENUE
SUITE 202
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MASCARA, ERNEST L
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 US

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: ERNEST L. MASCARA

03/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CODDINGTON, KYLE R
Address: 2935 1ST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: KYLE R. CODDINGTON

MGR

03/05/2008

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