

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102439

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** MEDALLION HEALTH CARE SERVICES, LLC

**Current Principal Place of Business:**

236 N FREDERICK AVE  
STE 2  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

236 N FREDERICK AVE  
STE 2  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

**FEI Number:** 90-0524148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BARNWELL, SEAN  
2509 UNIVERSITY BLVD SOUTH  
JACKSONVILLE, FL 32216 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:** MGRM  
**Name:** BARNWELL, SEAN  
**Address:** 2509 UNIVERSITY BLVD SOUTH  
**City-St-Zip:** JACKSONVILLE, FL 32216

**Title:** MGRM  
**Name:** BARNWELL, KEONA L CEO  
**Address:** 815 S. KOTTLE CIRCLE  
**City-St-Zip:** DAYTONA BEACH, FL 32114

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:** KEONA BARNWELL

CEO

04/12/2011

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