

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003676

Entity Name: MEDICAL EXCESS LLC

FILED
Apr 23, 2010
Secretary of State

Current Principal Place of Business:

333 CROWN POINTE CIRCLE, SUITE 200
GRASS VALLEY, CA 95945

New Principal Place of Business:

175 WATER STREET
NEW YORK, NY 10038

Current Mailing Address:

70 PINE STREET, 30TH FLOOR
NEW YORK, NY 100272

New Mailing Address:

175 WATER STREET
18TH FLOOR
NEW YORK, NY 10038

FEI Number: 46-0493280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D
Name: BRICKMAN, SHELDON
Address: 80 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: D
Name: GOLD, STEVE E
Address: 80 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: D
Name: SCHIMEK, ROBERT J
Address: 175 WATER STREET
City-St-Zip: NEW YORK, NY 10038

Title: D
Name: SNYDER, JOHN H
Address: 333 CROWN POINTE CIRCLE
City-St-Zip: GRASS VALLEY, CA 95945

Title: D
Name: WILSON, BURT J
Address: 333 CROWN POINTE CIRCLE
City-St-Zip: GRASS VALLEY, CA 95945

Title: SEC
Name: GEORGE, TANYA J
Address: 175 WATER STREET
City-St-Zip: NEW YORK, NY 10038

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: TANYA GEORGE

SEC

04/23/2010

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