

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003676

Entity Name: MEDICAL EXCESS LLC

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

175 WATER STREET  
NEW YORK, NY 10038

**New Principal Place of Business:**

**Current Mailing Address:**

175 WATER STREET  
18TH FLOOR  
NEW YORK, NY 10038

**New Mailing Address:**

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: MGR  
Name: WILSON, BURT  
Address: 175 WATER STREET, 18TH FLOOR  
City-St-Zip: NEW YORK, NY 10038

Title: MGR  
Name: SNYDER, JOHN  
Address: 175 WATER STREET, 18TH FLOOR  
City-St-Zip: NEW YORK, NY 10038

Title: MGR  
Name: SCHIMEK, ROBERT S  
Address: 175 WATER STREET, 30TH FLOOR  
City-St-Zip: NEW YORK, NY 10038

Title: MGR  
Name: CLARKE, SUSAN M  
Address: 175 WATER STREET, 18TH FLOOR  
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: BURT WILSON

MGR

04/20/2012

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