

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002311

FILED  
Jul 18, 2006  
Secretary of State

Entity Name: MEDAPPZ, LLC

**Current Principal Place of Business:**

245 NORTH WACO, SUITE 228  
WICHITA, KS 67202

**New Principal Place of Business:**

**Current Mailing Address:**

245 NORTH WACO, SUITE 228  
WICHITA, KS 67202

**New Mailing Address:**

FEI Number: 42-1590583      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LICHTIN, JANE M  
3350 NW BOCA RATON BOULEVARD, SUITE A30  
BOCA RATON, FL 33431 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 ( ) Delete  
Name: ZIELKE, STEVEN L MD  
Address: 223 SOUTH HILLSIDE  
City-St-Zip: WICHITA, KS 67202

Title: MGR ( ) Delete  
Name: LICHTLIN, BRIAN J  
Address: 245 NORTH WACO, SUITE 228  
City-St-Zip: WICHITA, KS 67202

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: FEIST, JAY  
Address: 245 NORTH WACO, SUITE 501  
City-St-Zip: WICHITA, KS 67202

I hereby certify that the information supplied with this filing does not qualify for the 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: JAY FEIST

MGR

07/18/2006

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