

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003848

**FILED**  
**Jul 21, 2006**  
**Secretary of State**

**Entity Name:** MEDICAT, LLC

**Current Principal Place of Business:**

1685 TERRELL MILL ROAD  
MARIETTA, GA 30067

**New Principal Place of Business:**

1100 JOHNSON FERRY ROAD  
SUITE 240  
ATLANTA, GA 30342

**Current Mailing Address:**

1685 TERRELL MILL ROAD  
MARIETTA, GA 30067

**New Mailing Address:**

1100 JOHNSON FERRY ROAD  
SUITE 240  
ATLANTA, GA 30342

**FEI Number:** 16-1720661      **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:**

OBERDORFER, EUGENE II  
3010 GRAND BAY BOULEVARD, #461  
LONG BOAT KEY, FL 34228 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 ( ) Delete  
Name: KOTTMAN, STACY  
Address: 1685 TERRELL MILL ROAD  
City-St-Zip: MARIETTA, GA 30067

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KOTTMAN, STACY  
Address: 1100 JOHNSON FERRY ROAD, SUITE 240  
City-St-Zip: ATLANTA, GA 30342

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: STACY KOTTMAN

CEO

07/21/2006

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