

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000002843

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** MEDKEY HEALTHCARE CONSULTING, LLC

**Current Principal Place of Business:**

4050 AZAELA DRIVE  
NORTH CHARLESTON, SC 294057528

**New Principal Place of Business:**

**Current Mailing Address:**

4050 AZAELA DRIVE  
NORTH CHARLESTON, SC 294057528

**New Mailing Address:**

**FEI Number:** 57-1117624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** COUCH, GREG  
**Address:** 4050 AZAELA DRIVE  
**City-St-Zip:** NORTH CHARLESTON, SC 294057528

**Title:** MGRM  
**Name:** SLOAN, JOHN  
**Address:** 4050 AZAELA DRIVE  
**City-St-Zip:** NORTH CHARLESTON, SC 294057528

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:** JULIANNA PATENAUDE

MGR

01/16/2012

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