

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001254

1. Entity Name

MEDASTAT USA, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

*mf*

Principal Place of Business

2317 GLADSTONE AVE  
LOUISVILLE KY 40205

Mailing Address

2317 GLADSTONE AVE  
LOUISVILLE KY 40205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4505 Mattingly Ct.  
Suite A

3. Mailing Address

4505 Mattingly Ct.  
Suite A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Buckner Ky

City & State

Buckner Ky

Zip

40010

Country

Zip

40010

Country

4. FEI Number

61-1329489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAW, ANN K  
924 COLLEGE BLVD., N.  
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME MCKIM, HANK  
STREET ADDRESS 2317 GLADSTONE AVE  
CITY-ST-ZIP LOUISVILLE KY 40205

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Kevin McKim  
STREET ADDRESS 4505 Mattingly Ct. Suite A  
CITY-ST-ZIP Buckner, Ky. 40010

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*Matthew R. Riquelme*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/18/00  
Date

(502) 225-6080  
Daytime Phone #

CR2E083 (5/00)