2001 UNIFORM BUSINESS REPORT (UBR)

0030547 AB

DOCUMENT # M98000001254

1. Entity Name
MEDASTAT USA, LLC

FILED
01 MAR 15 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4505 MATTINGLY CT.. SUITE A BUCKNER KY 40010	4505 MATTINGLY CT.. SUITE A BUCKNER KY 40010

2. Principal Place of Business	3. Mailing Address
3512 Mattingly Road	3512 Mattingly Rd.
Suite, Apt. #, etc.: Suite 4	Suite, Apt. #, etc.: Suite 4
City & State: Buckner Ky	City & State: Buckner Ky
Zip: 40010 / Country: USA	Zip: 40010 / Country: USA

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	7. Name and Address of New Registered Agent
SHAW, ANN K 924 COLLEGE BLVD., N. LYNN HAVEN FL 32444	Name: Chris Ray Street Address (P.O. Box Number is Not Acceptable): 5835 Windham Road City: Milton FL Zip Code: 32570

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: W. Christopher Ray R.N. — 3/13/01
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 / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	mgem ☑ Change ☐ Addition
NAME	MCKIM, KEVIN	NAME	mckim, Kevin
STREET ADDRESS	4505 MATTINGLY CT., SUITE A	STREET ADDRESS	3512 mattingly Rd. Suite 4
CITY-ST-ZIP	BUCKNER KY 40010	CITY-ST-ZIP	Buckner Ky 40010
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	600003891405--9
STREET ADDRESS		STREET ADDRESS	-03/21/00--01067--007
CITY-ST-ZIP		CITY-ST-ZIP	*****50.00 *****50.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	400003891724--7
STREET ADDRESS		STREET ADDRESS	-03/22/01--01009--007
CITY-ST-ZIP		CITY-ST-ZIP	*****50.00 *****50.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Kevin A. McKim — 3/13/01 — 502 548-2416
William Christopher Ray — 2/20/01 — 850-983-6790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)