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.A. (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 3/13/01

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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MCKIM, KEVIN 4505 MATTINGLY CT., SUITE A BUCKNER KY 40010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	mgem mckim, Kevin 3512 mattingly Rd. Suite 4 Buckner Ky 40010	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600003891405--9 -03/21/01--01016--007 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400003891724--7 -03/22/01--01009--007 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 M. 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)