

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001254

Entity Name: MEDASTAT USA, LLC

FILED
Feb 01, 2005
Secretary of State

Current Principal Place of Business:

1920 STANLEY GAULT PARKWAY
SUITE 100
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

1920 STANLEY GAULT PARKWAY
SUITE 100
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 61-1329489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSHIRE, JASON SALES
7137 CHANNELSIDE
PINELLAS, FL 33781 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/MEMBERS:

Title: MGRM () Delete
Name: MCKIM, KEVIN
Address: 1920 STARLEY GAULT PARKWAY
City-St-Zip: LOUISVILLE, KY 40223

Title: MGRM () Delete
Name: ELMES, PAUL
Address: 1920 STARLEY GAULT PARKWAY
City-St-Zip: LOUISVILLE, KY 40223

Title: MGR () Delete
Name: THOMAS, BRIAN
Address: 1920 STANLEY GAULT PARKWAY
City-St-Zip: LOUISVILLE, KY 40223

Title: MGR () Delete
Name: LAMKIN, JEFF
Address: 1920 STANLEY GAULT
City-St-Zip: PARKWAY, KY 40223

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCKIM, KEVIN
Address: 1920 STANLEY GAULT PARKWAY
City-St-Zip: LOUISVILLE, KY 40223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFF LAMKIN

MGR

02/01/2005

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