

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001254

Entity Name: MEDASTAT USA, LLC

FILED
Jan 05, 2006
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:

ZAWORSKI, MARTIN SALES
3601 JOSHUA LANE
LAKELAND, FL 33813 US

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: MARTIN ZAWORSKI

01/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCKIM, KEVIN
Address: 1920 STANLEY 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: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: KEVIN A. MCKIM

PRES

01/05/2006

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