

**2026 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M1600000034

**Entity Name:** NEW MEDISCAN II, LLC

**Current Principal Place of Business:**

21820 BURBANK BLVD., SUITE 120  
WOODLAND HILLS, CA 91367

**Current Mailing Address:**

5201 CONGRESS AVE  
STE 160  
BOCA RATON, FL 33487 US

**FEI Number:** 20-3986580

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name CROSS COUNTRY STAFFING, INC.  
Address 5201 CONGRESS AVE., SUITE 160  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name CLARK, KEVIN  
Address 5201 CONGRESS AVE., SUITE 160  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name BURNS, WILLIAM J.  
Address 5201 CONGRESS AVE., SUITE 160  
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY  
Name BALL, SUSAN E.  
Address 5201 CONGRESS AVE., SUITE 160  
City-State-Zip: BOCA RATON FL 33487

Title ASSISTANT TREASURER, VP TAX  
Name POPKIN, GREGORY  
Address 5201 CONGRESS AVE., SUITE 160  
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT  
Name KRUG, MARC  
Address 5201 CONGRESS AVE., SUITE 160  
City-State-Zip: BOCA RATON FL 33487

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN E. BALL

**SECRETARY**

**05/12/2026**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date