


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L05000118427</b><br>1. Entity Name<br><b>MEDEXPRESS DEVELOPMENT, LLC</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>5 MONTEREY POINTE DRIVE<br/>PALM BCH GARDENS FL 33418</b> | Mailing Address<br><b>5 MONTEREY POINTE DRIVE<br/>PALM BCH GARDENS FL 33418</b> |
|---|---|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

1st MOORE CR2E083 (10/06)

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>20-3824377</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--------------|--------------|------------------------------------|--|

|     |         |     |         |   |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |
|-----|---------|-----|---------|---|

**6. Name and Address of Current Registered Agent**

**SCHWARTZ, JOHN S  
% AKERMAN SENTERFITT  
ONE S.E. 3RD AVE., 28TH FLOOR  
MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS / MANAGERS    |   |
|-----------------------------------|---|
| TITLE<br>NAME                     | <b>MGR</b><br><b>MORANDI, NEIL P M.D.</b> <input type="checkbox"/> Delete<br><b>5 MONTERAY POINTE DRIVE</b><br><b>PALM BCH GARDENS FL 33418</b> |
| STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME                     | <input type="checkbox"/> Delete   |
| STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME                     | <input type="checkbox"/> Delete   |
| STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME                     | <input type="checkbox"/> Delete   |
| STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME                     | <input type="checkbox"/> Delete   |
| STREET ADDRESS<br>CITY - ST - ZIP |   |

| 10. ADDITIONS / CHANGES           |   |
|-----------------------------------|---|
| TITLE<br>NAME                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>CITY - ST - ZIP | <b>U00000659613</b><br><b>03/16/07-80037-008 50.00</b>            |
| TITLE<br>NAME                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>CITY - ST - ZIP |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Neil P. Morandi 2-7-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #