

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118427

Entity Name: MEDEXPRESS DEVELOPMENT, LLC

Current Principal Place of Business:

423 FORTRESS BLVD.
MORGANTOWN, WV 26508

Current Mailing Address:

423 FORTRESS BLVD.
MORGANTOWN, WV 26508 US

FEI Number: 20-3824377

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STUCHELL, BRYAN KM.D.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BRYAN K STUCHELL, MD

05/20/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title SECRETARY
Name BELL, JONATHAN [NMN]
Address 423 FORTRESS BLVD.
City-State-Zip: MORGANTOWN WV 26508

Title CFO
Name KOMOROSKI, JEFFREY
Address 423 FORTRESS BLVD.
City-State-Zip: MORGANTOWN WV 26508

Title MEMBER
Name URGENT CARE MSO, LLC
Address 423 FORTRESS BLVD.
City-State-Zip: MORGANTOWN WV 26508

Title TREASURER
Name GILL, PETER MARSHALL
Address 423 FORTRESS BLVD.
City-State-Zip: MORGANTOWN WV 26508

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA
Address 423 FORTRESS BLVD.
City-State-Zip: MORGANTOWN WV 26508

Title PRESIDENT
Name STUCHELL, BRYAN K. M.D.
Address 423 FORTRESS BLVD.
City-State-Zip: MORGANTOWN WV 26508

Title ASSISTANT TREASURER*
Name MCGLINCH, THOMAS SHAUN
Address 423 FORTRESS BLVD.
City-State-Zip: MORGANTOWN WV 26508

Title ASSISTANT TREASURER*
Name RUNICE, PAUL TIMOTHY
Address 423 FORTRESS BLVD.
City-State-Zip: MORGANTOWN WV 26508

Continues on page 2

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: HEATHER ANASTASIA LANG

ASSISTANT SECRETARY

05/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP, TAX SERVICES*
Name KELLY, JOHN WILLIAM
Address 423 FORTRESS BLVD.
City-State-Zip: MORGANTOWN WV 26508