

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000116343

**Entity Name:** MEDEXEC CONSULTING, LLC

**Current Principal Place of Business:**

2200 W. EAU GALLIE BLVD, SUITE 200  
MELBOURNE, FL 32935

**Current Mailing Address:**

2200 W. EAU GALLIE BLVD, SUITE 200  
MELBOURNE, FL 32935 US

**FEI Number:** 27-1445016

**Certificate of Status Desired:** No

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

GADODIA, GOPAL  
2200 W. EAU GALLIE BLVD, SUITE 200  
MELBOURNE, FL 32935 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 MGRM  
Name GADODIA, GOPAL  
Address 2200 W. EAU GALLIE BLVD, SUITE 200  
City-State-Zip: MELBOURNE FL 32935

Title MGRM  
Name GADODIA, KALPANA  
Address 2200 W. EAU GALLIE BLVD, SUITE 200  
City-State-Zip: MELBOURNE FL 32935

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GOPAL GADODIA

MGRM

04/24/2013

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

\_\_\_\_\_  
Date