

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000099868

Entity Name: MEDICAL RECORDS EXPRESS LLC**Current Principal Place of Business:**694 EAST HEINBERG STREET
PENSACOLA, FL 32502**Current Mailing Address:**17 EAST MAIN STREET
SUITE 200-A
PENSACOLA, FL 32502 US**FEI Number:** 27-3556176**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AYLSTOCK, WITKIN, KREIS & OVERHOLTZ PLLC
17 EAST MAIN STREET
SUITE 200
PENSACOLA, FL 32502 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 WITKIN, JUSTIN G
Address 17 EAST MAIN STREET, SUITE 200
City-State-Zip: PENSACOLA FL 32502

Title MGRM
Name KREIS, DOUGLASS A
Address 17 EAST MAIN STREET, SUITE 200
City-State-Zip: PENSACOLA FL 32502

Title MGRM
Name BRADFORD, BOBBY J
Address 17 EAST MAIN STREET, SUITE 200
City-State-Zip: PENSACOLA FL 32502

Title MGRM
Name AYLSTOCK, BRYAN A
Address 17 EAST MAIN STREET, SUITE 200
City-State-Zip: PENSACOLA FL 32502

Title MGRM
Name OVERHOLTZ, NEIL D
Address 17 EAST MAIN STREET, SUITE 200
City-State-Zip: PENSACOLA FL 32502

Title MGRM
Name RICHARDS, ROBERT J
Address 17 EAST MAIN STREET, SUITE 200
City-State-Zip: PENSACOLA FL 32502

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: JUSTIN WITKIN

MGRM

01/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date