

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 11

DOCUMENT # L01000021081

1. Entity Name

MOBILE DOC, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

625 N. Flagler Drive

Suite, Apt. #, etc.

9th Floor

City & State

West Palm Beach, FL

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

4. FEI Number

04-3616295

XX

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Paul Krasker, Esq.

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

625 N. Flagler Drive, 9th Floor

City

West Palm Beach

FL

Zip Code

33401

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE Manager  
NAME William Kinch  
STREET ADDRESS 425 W. 2125 N.  
CITY-ST-ZIP Sunset, UT 84015

TITLE  
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/12/02 561-822-0330

CR2E083B (12/01)