FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90616 019 ****55.00

J00433064

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010349

1. Entity Name
MEDPAK FINANCIAL SERVICES, LLC

Principal Place of Business	Mailing Address
1017 PARKWAY COURT WEST PALM BEACH, FL 33413	1017 PARKWAY COURT WEST PALM BEACH, FL 33413

2. Principal Place of Business	3. Mailing Address
2845 N. Military Trail	2845 N. Military Trail
Suite, Apt. #, etc.: Suite 10	Suite, Apt. #, etc.: Suite 10
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33409 Country: USA	Zip: 33409 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3655080 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STUART B. KLEIN, P.A. 1551 FORUM PLACE SUITE 400B WEST PALM BEACH, FL 33401	Name: Patrick A. Kennedy Street Address (P.O. Box Number is Not Acceptable): 13751 Peel Court City: Wellington FL Zip Code: 33414

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: X Patrick A. Kennedy DATE: 4/4/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KENNEDY, PATRICK A 1017 PARKWAY COURT WEST PALM BEACH, FL 33413	☐ Delete	MgRm Kennedy, Patrick A. 13751 Peel Court Wellington, FL 33414	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DOMINIQUE, MICHAEL E 1017 PARKWAY COURT WEST PALM BEACH, FL 33413	☐ Delete	Mgrm Dominique, Michael E 1627 18th Lane Lake Worth, FL 33463	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E083 (10/02)

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 606, Florida Statutes.

SIGNATURE: X Patrick A. Kennedy 4/4/04 561-687-5404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #