

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000031039

1. Entity Name
MED PLUS FLORIDA, LLC



Principal Place of Business
**41 FORT ROYAL ISLE
FORT LAUDERDALE, FL 33308 US**

Mailing Address
**41 FORT ROYAL ISLE
FORT LAUDERDALE, FL 33308 US**



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0649879

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOX, CLAUDE E
41 FORT ROYAL ISLE
FORT LAUDERDALE, FL 33308**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-05-05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FOX, CLAUDE E
STREET ADDRESS	41 FORT ROYAL ISLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGRM
NAME	WELDON, STEVE
STREET ADDRESS	326 SUFFOLK ROAD
CITY-ST-ZIP	BALTIMORE, MD 21218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/06/05-80022-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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

DATE

Daytime Phone If

1-05-05 **443-838-1168**