

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031039

Entity Name: MED PLUS FLORIDA, LLC

FILED
Feb 07, 2009
Secretary of State

Current Principal Place of Business:

41 FORT ROYAL ISLE
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

41 FORT ROYAL ISLE
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 64-0649879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOX, CLAUDE E
Address: 41 FORT ROYAL ISLE
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGRM () Delete
Name: WELDON, STEVE
Address: 41 FORT ROYAL ISLE
City-St-Zip: FORT LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: CLAUDE EARL FOX

PRES

02/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date