

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000031039

Entity Name: MED PLUS FLORIDA, LLC

**FILED**  
**Jan 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

41 FORT ROYAL ISLE  
FORT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

2509 NORTH OCEAN BLVD  
FORT LAUDERDALE, FL 33305 US

**Current Mailing Address:**

41 FORT ROYAL ISLE  
FORT LAUDERDALE, FL 33308 US

**New Mailing Address:**

PO BOX 24625  
OAKLAND PARK, FL 33307 US

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:**

FOX, CLAUDE E  
2509 NORTH OCEAN BLVD  
FORT LAUDERDALE, FL 33305 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:

01/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FOX, CLAUDE E  
Address: PO BOX 24625  
City-St-Zip: OAKLAND PARK, FL 33307 US

Title: MGRM  
Name: WELDON, STEVE  
Address: 2509 NORTH OCEAN BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33305 US

I hereby 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

01/30/2010

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