

LOS 000/18427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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2010 JAN 19 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JAN 20 2010

EXAMINER



Harry M. Rubenstein
(304) 985-6161
hrubenstein@medexpress.com

January 12, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

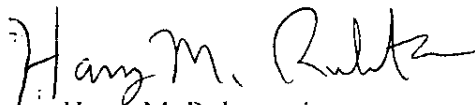
Re: MedExpress Development, LLC

Dear Sir/Madam:

I enclose a Statement of Change of Registered Office or Registered Agent for MedExpress Development, LLC and this firm's check in the sum of Fifty-Five Dollars (\$55.00). Please file the Application at your earliest convenience.

Please call me if you have any questions concerning my request. Thank you.

Very truly yours,


Harry M. Rubenstein

HMR/srs
Enclosure

2010 JAN 19 PM 2:03
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedExpress Development, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harry M. Rubenstein, Esquire
Name of Person

MedExpress Corporate Headquarters
Firm/Company

1751 Earl Core Road
Address

Morgantown, WV 26505
City/State and Zip Code

sleya@medexpress.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry M. Rubenstein, Esquire at (304) 985-6161
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

2010 JAN 19 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MedExpress Development, LLC

2. (a) Principal office address of limited liability company: 1021 N. State Road 7

☐ (Note: **MUST BE STREET ADDRESS**) Royal Palm Beach, FL 33411

(b) Mailing address of limited liability company: 1021 N. State Road 7

☐ (Note: **MAY BE POST OFFICE BOX**) Royal Palm Beach, FL 33411

12/31/09
3. Date of filing/registration in Florida

L05000118427
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Neil P. Morandi, MD

Registered Office Address:

5 Monterey Pointe Drive
Palm Beach Gardens, FL 33418

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Neil P. Morandi, MD

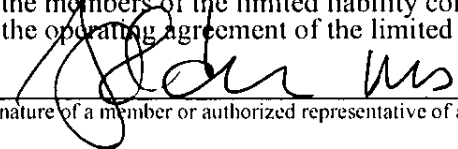
NEW Registered Office Address:

1021 N. State Road 7

(MUST BE FLORIDA STREET ADDRESS)

Royal Palm Beach, FL 33411

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Frank W. Alderman, MD

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00