

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000121403

**FILED**  
**Feb 04, 2008**  
**Secretary of State**

**Entity Name:** MEDEXPRESS URGENT CARE LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

5 MONTEREY POINTE DRIVE  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

1021 N STATE ROAD 7  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

5 MONTEREY POINTE DRIVE  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

1021 N STATE ROAD 7  
ROYAL PALM BEACH, FL 33411

**FEI Number:** 11-3646442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORANDI, NEIL P M.D.  
5 MONTEREY POINTE DRIVE  
PALM BEACH GARDENS, FL 33418 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: MEDEXPRESS DEVELOPME, NT, LLC  
Address: 5 MONTEREY POINTE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES:**

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: NEIL MORANDI

PRES

02/04/2008

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