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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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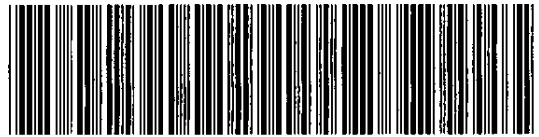
(Business Entity Name)

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JAN 20 2010

EXAMINER

2010 JAN 19 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 Urgent Care of Palm Beach Gardens, LLC

Dear Sir/Madam:

I enclose a Statement of Change of Registered Office or Registered Agent for MedExpress Urgent Care of Palm Beach Gardens, 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 1:52
SECRETARY OF STATE
TALLAHASSEE, FL 32304

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedExpress Urgent Care of Palm Beach Gardens, 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

Name of Person

at (304)

985-6161

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 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 Urgent Care of Palm Beach Gardens, LLC

2. (a) Principal office address of limited liability company: 4520 Donald Ross Road

☐ (Note: **MUST BE STREET ADDRESS**) Suite 100
Palm Beach Gardens, FL 33410

(b) Mailing address of limited liability company: 4520 Donald Ross Road

☐ (Note: **MAY BE POST OFFICE BOX**) Suite 100
Palm Beach Gardens, FL 33410

12/30/09
3. Date of filing/registration in Florida

L06000048951
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.

Frank W. Alderman
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.

Neil P. Morandi
Signature of Registered Agent

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