

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048951

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** MEDEXPRESS URGENT CARE OF PALM BEACH GARDENS, LLC

**Current Principal Place of Business:**

4520 DONALD ROSS RD  
SUITE 100  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

4520 DONALD ROSS RD  
SUITE 100  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** 20-5005892      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MORANDI, NEIL P M.D.  
1021 N. STATE ROAD 7  
ROYAL PALM BEACH, FL 33411 US

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

STUCHELL, BRYAN K M.D.  
1021 N. STATE ROAD 7  
ROYAL PALM BEACH, FL 33411 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: BRYAN K STUCHELL, M.D.      03/21/2012  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STUCHELL, BRYAN K M.D.  
Address: 1021 N. STATE ROAD 7  
City-St-Zip: ROYAL PALM BEACH, FL 33411 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: BRYAN K STUCHELL, M.D.      VP/S      03/21/2012  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date