

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000012914

Entity Name: MEDEPLEX LWS, LLC

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2033 MAIN STREET  
SUITE 201  
SARASOTA, FL 34237 US

**New Principal Place of Business:**

**Current Mailing Address:**

2033 MAIN STREET  
SUITE 201  
SARASOTA, FL 34237 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

CHAPNICK, BRUCE P ESQ.  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237 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  
Name: MEDEPLEX LWS MM, LLC  
Address: 2033 MAIN STREET, SUITE 201  
City-St-Zip: SARASOTA, FL 34237 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: MEDEPLEX LWS MM, LLC

MGRM

04/27/2010

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