

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000099868

FILED
Jan 05, 2012
Secretary of State

Entity Name: MEDICAL RECORDS EXPRESS LLC

Current Principal Place of Business:

17 EAST MAIN STREET
SUITE 200-A
PENSACOLA, FL 32502 US

New Principal Place of Business:

694 EAST HEINBERG STREET
PENSACOLA, FL 32502 US

Current Mailing Address:

17 EAST MAIN STREET
SUITE 200-A
PENSACOLA, FL 32502 US

New Mailing Address:

FEI Number: 27-3556176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYLSTOCK, WITKIN, KREIS & OVERHOLTZ PLLC
17 EAST MAIN STREET
SUITE 200
PENSACOLA, FL 32502 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: WITKIN, JUSTIN G
Address: 17 EAST MAIN STREET, SUITE 200
City-St-Zip: PENSACOLA, FL 32502 US

Title: MGRM
Name: AYLSTOCK, BRYAN A
Address: 17 EAST MAIN STREET, SUITE 200
City-St-Zip: PENSACOLA, FL 32502 US

Title: MGRM
Name: KREIS, DOUGLASS A
Address: 17 EAST MAIN STREET, SUITE 200
City-St-Zip: PENSACOLA, FL 32502 US

Title: MGRM
Name: OVERHOLTZ, NEIL D
Address: 17 EAST MAIN STREET, SUITE 200
City-St-Zip: PENSACOLA, FL 32502 US

Title: MGRM
Name: BRADFORD, BOBBY J
Address: 17 EAST MAIN STREET, SUITE 200
City-St-Zip: PENSACOLA, FL 32502 US

Title: MGRM
Name: RICHARDS, ROBERT J
Address: 17 EAST MAIN STREET, SUITE 200
City-St-Zip: PENSACOLA, FL 32502 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: JUSTIN WITKIN

MGRM

01/05/2012

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