**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 24, 2022**
**Secretary of State**
**6817402489CC**

DOCUMENT# L07000095504

**Entity Name:** MEDOFFICEDIRECT L.L.C.

**Current Principal Place of Business:**

1265 CREEKSIDE PARKWAY
SUITE 302
NAPLES, FL 34108

**Current Mailing Address:**

1265 CREEKSIDE PARKWAY
SUITE 302
NAPLES, FL 34108 US

**FEI Number: 01-0811700**

**Certificate of Status Desired:** No

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

INTEGRATED PHYSICIAN SERVICES
1265 CREEKSIDE PARKWAY
SUITE 302
NAPLES, FL 34108 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: GEORGE O'LEARY 01/24/2022

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGR | Title | MGR |
| Name | DENT, MICHAEL T | Name | O'LEARY, GEORGE G |
| Address | 1265 CREEKSIDE PARKWAY<br>SUITE 302 | Address | 1265 CREEKSIDE PARKWAY<br>SUITE 302 |
| City-State-Zip: | NAPLES FL 34108 | City-State-Zip: | NAPLES FL 34108 |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: GEORGE O'LEARY MANAGER 01/24/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date