

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03/29/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name DENT, MICHAEL T
Address 1265 CREEKSIDE PARKWAY
SUITE 302
City-State-Zip: NAPLES FL 34108

Title MGR
Name O'LEARY, GEORGE G
Address 1265 CREEKSIDE PARKWAY
SUITE 302
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 G O'LEARY

**CHIEF FINANCIAL
OFFICER**

03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date