2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2014
Secretary of State
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Entity Name: MEDXPENSE SOLUTIONS, LLC

Current Principal Place of Business:

5300 BROKEN SOUND BLVD NW
SUITE 200
BOCA RATON, FL 33487

Current Mailing Address:

5300 BROKEN SOUND BLVD NW
SUITE 200
BOCA RATON, FL 33487

FEI Number: 46-1006894

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHATZ, SAMUEL
5300 BROKEN SOUND BLVD NW
SUITE 200
BOCA RATON, FL 33487 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: SAMUEL G SHATZ 04/18/2014

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	THE ICAN GROUP, LLC
Address	5300 BROKENSOUND BLVD NW, SUITE 200
City-State-Zip:	BOCA RATON FL 33487

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: THE ICAN GROUP, LLC MGRM 04/18/2014

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