

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006802

Entity Name: HUNTER'S CREEK URGENT CARE CENTER PLLC

Current Principal Place of Business:

2075 TOWN CENTER BLVD
ORLANDO, FL 32837

Current Mailing Address:

PO BOX 76
NEW ALBANY, OH 43054

FEI Number: 20-8934176

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIAPAKIS, PATTI J
2075 TOWN CENTER BLVD
ORLANDO, FL 32837 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: PATTI LIAPAKIS

03/15/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LIAPAKIS, PATTI
Address PO BOX 76
City-State-Zip: NEW ALBANY OH 43054

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: PATTI LIAPAKIS

SR VP

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date