

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000114305

**Entity Name:** PRIMARY CARE WALK IN CLINIC, PLLC

**Current Principal Place of Business:**

6329 STATE ROAD 54  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

6329 STATE ROAD 54  
NEW PORT RICHEY, FL 34653 US

**FEI Number:** 45-3590127

**Certificate of Status Desired:** No

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

SIDHU, RATINDER  
6329 STATE ROAD 54  
NEW PORT RICHEY, FL 34653 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DHALIWAL, TEJINDER K  
Address 6329 STATE ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

*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:** TEJINDER DHALIWAL

MGRM

02/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date