

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000122583

Entity Name: CHIRON URGENT CARE LLC

Current Principal Place of Business:

603 N. WASHINGTON AVE, SUITE 300
TITUSVILLE, FL 32796

Current Mailing Address:

605 N. WASHINGTON AVE, SUITE 100
TITUSVILLE, FL 32796 US

FEI Number: 46-1056256

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MATHEWS, BIJU
605 N. WASHINGTON AVE, SUITE 100
TITUSVILLE, FL 32796 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 MATHEWS, BIJU
Address 605 N. WASHINGTON AVE, SUITE 100
City-State-Zip: TITUSVILLE FL 32796

Title MGRM
Name MODY, NARESH
Address 605 N. WASHINGTON AVE, SUITE 100
City-State-Zip: TITUSVILLE FL 32796

Title MGRM
Name MODY, DEBRA J
Address 605 N. WASHINGTON AVE, SUITE 100
City-State-Zip: TITUSVILLE FL 32796

Title MGRM
Name MATHEWS, ELIZABETH
Address 605 N. WASHINGTON AVE, SUITE 100
City-State-Zip: TITUSVILLE FL 32796

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: DEBRA MODY

MANAGER

03/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date