

**2015 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M13000001319

**Entity Name:** URGENT CARE TRAVEL LLC

**Current Principal Place of Business:**

500 SOUTH POINTE DRIVE STE 230  
MIAMI, FL 33139

**Current Mailing Address:**

500 SOUTH POINTE DRIVE STE 230  
MIAMI, FL 33139 US

**FEI Number:** 46-1691873

**Certificate of Status Desired:** Yes

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

JOHN, GELETY A PA  
SOUTHEAST FINANCIAL CENTER  
200 S BISCAYNE BLVD., SUITE 2700  
MIAMI, FL 33131 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: JOHN A. GELETY

03/03/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SIVA, SURESH  
Address 500 SOUTH POINTE DRIVE STE 230  
City-State-Zip: MIAMI FL 33139

Title MGRM  
Name MEHTA, JAIMINI  
Address 500 SOUTH POINTE DRIVE STE 230  
City-State-Zip: MIAMI FL 33139

Title AUTHORIZED REPRESENTATIVE  
Name GELETY, JOHN A PA  
Address SOUTHEAST FINANCIAL CENTER  
200 S BISCAYNE BLVD. SUITE 2700  
City-State-Zip: MIAMI FL 33131

*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: SIVA SURESH

EXECUTIVE CHAIRMAN

03/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date