

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006406

1. Entity Name

~~NORTH NAPLES PHYSICIANS CARE CENTER, LLC~~
NAPLES URGENT CARE, P.L.

See name change

FILED

01 APR 12 AM 11:56
SECRET
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9975 TAMiami TRAIL NORTH, SUITE 1
NAPLES FL 34108

9975 TAMiami TRAIL NORTH, SUITE 1
NAPLES FL 34108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1713 SW HEALTH PARK WAY

1713 SW HEALTH PARK WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #1

SUITE #1

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

34109

34109

4. FEI Number

59-3649884

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMB, JEFFREY R

9915 TAMiami TRAIL NORTH, SUITE 2

NAPLES FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCGANN, ROBERT C DR.
6987 GREENTREE DRIVE
NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700004084603-06
-04/27/01--01043--008
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
ROBERT C MCGANN

941-597-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)