

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90093 022 ****50.00

DOCUMENT # L00000006406

1. Entity Name

NAPLES URGENT CARE, P.L.

Principal Place of Business

**1713 SW HEALTH PARK WAY, SUITE 1
 NAPLES FL 34109**

Mailing Address

**1713 SW HEALTH PARK WAY, SUITE 1
 NAPLES FL 34109**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

LAMB, JEFFREY R

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

868 106TH AVE. N.

City

NAPLES

FL

Zip Code

34108

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]

JEFFREY R. LAMB

01/16/02

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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: **x**

[Signature]

ROBERT C. MCGANN

2/20/02

941-597-8000

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

Date

Daytime Phone #

CP2E083 (9/01)