

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000006406

**FILED**  
**Feb 23, 2004**  
**Secretary of State**

**Entity Name:** NAPLES URGENT CARE, P.L.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3649884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMB, JEFFREY R  
868 106TH AVENUE N  
NAPLES, FL 34108 US

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

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MCGANN, ROBERT C DR.  
Address: 6987 GREENTREE DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCGANN, ROBERT C DR.  
Address: 6987 GREENTREE DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: MGRM ( ) Change (X) Addition  
Name: HOBAICA, PAUL  
Address: 1920 WILLOW BEND CIRCLE, SUITE 204  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: ROBERT MCGANN

MGRM

02/23/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date