


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90001 011 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3649884	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAMB, JEFFREY R 868 106TH AVENUE N NAPLES, FL 34108			7. Name and Address of New Registered Agent Name <u>Robert McGann, M.D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1713 SW Health Parkway</u> <u>#1</u> City <u>Naples</u> <u>FL</u> Zip Code <u>34109</u>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> DATE <u>5/21/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGANN, ROBERT C DR 6987 GREENTREE DRIVE NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOBAICA, PAUL 1920 WILLOW BEND CIRCLE, SUITE 204 NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM [Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM [Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM [Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM [Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM [Blank]	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u>[Signature]</u> Date <u>6/9/2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		