


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3649884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGANN, ROBERT M.D.
 1713 SW HEALTH PKWY
 SUITE 1
 NAPLES, FL 34109

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00 Due by May 1, 2007

U000000706462
 04/24/07-80034-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGANN, ROBERT C DR. 6987 GREENTREE DRIVE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOBAICA, PAUL 1920 WILLOW BEND CIRCLE, SUITE 204 NAPLES, FL 34109
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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: _____ **Date:** 4/16/07 **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE