

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90147 043 \*\*\*\*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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change

☐ Addition

CR2E083 (10/02)

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: [Signature]**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**  
**ROBERT C. MCGANN**  
**2-18-03**  
**239-597-8000**