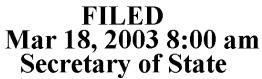
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1 00000



LLO	S URGENT CARE, P.L.	006406				03-18-2003	3 901 47 04	13 ****5	0.00
Principal Pl	lace of Business .	Mailing Address			-				
1713 SW HEALTH PARK WAY. SUITE 1 NAPLES FL 34109		Mailing Address 1713 SW HEALTH PARK WAY. SUITE 1 NAPLES FL 34109							
2. Principa	Il Place of Business	3. Mailing Address							
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			1100210	12 011 00111 00 111 0 0111 0 0		FILA BILLI Bia l	i ab ite bili (ED)
		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & Sta	ate	City & State			4. FEI Numb	er 59-36498	84		Applied For
Zip	Country	Zip	Country	- <u></u>	5. Certificate	of Status Desired		\$5.00 A	Not Applicable
	6. Name and Address of Curren	it Registered Agent		ا مرود - خدی		,	_	Fee Requi	ired
I Af			Na	ame	/."Name and	Address of New	Registered /	Agent -	
LAMB, JEFFREY R 868 106TH AVENUE N NAPLES FL 34108			Sti	Street Address (P.O. Box Number is Not Acceptable)					
IVA	IFLES FL 34108		.						
			Cit	ty				Zip Co	. do
8. The above	e named entity submits this statement for ations of registered agent.	or the purpose of changing it	s registered off	fice or registers	d 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		FL	2.ip Co	
the obliga	ations of registered agent.	, , , , , , , , , , , , , , , , , , ,	io registered on	ice or registere	u agent, or bot	n, in the State of Fi	orida. I am fa	amiliar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent								
٠	g and a printed realist or registered agent		TE: Registered Agent	t signature required w	men reinstating)		DATE		
•	(
	~	FILE N	OW!!! FEE	IS \$50.00					
	\ <u></u>	Make Check Payab	ole to Florida	Department	t of State			- ·-	
9.	MANACING MEMOR	Make Check Payab	ole to Florida ue By May 1,	Department	t of State			<u> </u>	
9 .	MANAGING MEMBE	Make Check Payab Du	ple to Florida ue By May 1,	Department	t of State	ADDITIONS	/CHANGES		
TITLE	MGR	Make Check Payab	ple to Florida ue By May 1, 10.	Department	t of State	ADDITIONS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	MGR MCGANN, ROBERT C DR. 6987 GREENTREE DRIVE	Make Check Payab Du	ple to Florida le By May 1, 10. TITLE NAME	Department 2003	t of State	ADDITIONS		☐ Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGANN, ROBERT C DR.	Make Check Payab Du	ple to Florida ue By May 1, 10.	Department 2003	t of State	ADDITIONS		☐ Change	☐ Addition
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