2004 LIMITED LIABILITY COMPANY

FILED Inl 19 2004 08:00 AM

ANNUAL REPORT				Secretary of State		
DOCUMENT # L00000098355 1. Entity Name				Section	ctary or State	
BROOKS	VILLE WALK IN CLINIC, L.L	C.				
Principal Plac	e of Business	Mailing Address	1			
433 JEFFERS		433 JEFFERSON STREET				
RHOOKZAILE	E, FL 34601	BROOKSVILLE, FL 34601				
					E 3	
				07012004 No Chg-LLC	CR2E083 (10/03)	
	O NOT WRITE	IN THIS SPA	CE	4, FEI Number	Applied For	
				59-3659102	Not Applicable	
				5. Certificate of Status Desire	d \$5.00 Additional Fee Required	
)	6. Name and Address of Current I	Registered Agent	1			
CDIFOE	* 117055A D A					
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE				DO NOT \	NHILE	
CORAL G	ABLES, FL 33134			IN THIS S	PACE	
9. The chair	named entity submits this statement for	the number of changing its register	rad office or register	and agont or halfs in the State of	Florida Lam familiar with and accent	
	tions of registered agent.	the burbose of changing its registe	ted curce of register	ed agent, or boun, in the chare o	r-losida. Tam taltillal Will, and accept	
SIGNATURE.	Signature, typed or printed name of registered egent of	AVIV. Dayler	and A nord a launch up you ston	fisher consection)	DATE	
	Signature, typed or printed traine or registered agents a	and the is adductable: (Arc.) Et uselliates	red Agent signature required	+	- 1	
Filing Fee is \$50.00 Due by September 8, 2004			UQQROQ166934 07/19/04-80004-014 50.0 0			
9.	MANAGING MEMBE	R\$/MANAGERS	Taranta de Salada da An			
THE	MGR MALHOTRA, GAURAV V					
NAME STREET ADDRESS	433 JEFFERSON STREET					
CITY-ST-ZP	BROOKSVILLE, FL 34601					
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11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. Flurther 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:

TITLE NAME STREET ABBRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MASSE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3527919355 Daysime Phone #