

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90001 019 ****50.00

DOCUMENT # L00000015177

1. Entity Name
WESTON URGENT CARE SERVICES, LLC



Principal Place of Business
2828 CROASDAILE DR.
DURHAM, NC 27705

Mailing Address
P.O. BOX 15309
DURHAM, NC 27705

24065325



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Navigant Consulting
Two North Charles Street
Suite 400
Baltimore, Maryland 21201

04292004 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number

56-2226839

Applied For

Not Applicable

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PHYAMERICA PHYSICIAN SERVICES OF BROWARD C
2828 CROASDAILE DR.
DURHAM, NC 27705 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CRO
Charles R. Goldstein
Navigant Consulting
Two North Charles Street -Suite 400
Baltimore, Maryland 21201 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Charles R. Goldstein, Chief Restructuring Officer, 4/30/04 410-454-6830

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

Date

Daytime Phone #