


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90119 029 \*\*\*\*50.00

|  |   |
|--|---|
| DOCUMENT # L00000015177                            |  |
| 1. Entity Name<br>WESTON URGENT CARE SERVICES, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>2828 CROASDALE DR.<br>DURHAM, NC 27705 | Mailing Address<br>NAVIGANT CONSULTING<br>TWO NORTH CHARLES STREET SUITE 400<br>BALTIMORE, MD 21201 |
|---|---|

|                                |  |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address   |
| Suite, Apt. #, etc.            | Penta Advisory Services, LLC<br>Two North Charles Street<br>Suite 400<br>Baltimore, Maryland 21201 |
| City & State                   |  |
| Zip                            | Country  |

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
56-2226839

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 |
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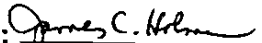
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| 7. Name and Address of New Registered Agent        |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL Zip Code  |

|   |      |
|---|------|
| 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   | DATE |
| (NOTE: Registered Agent signature required when reinstating)  |      |

|   |  |
|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2005 | Make check payable to<br>Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CR<br>GOLDSTEIN, CHARLES R<br>TWO NORTH CHARLES STREET SUITE 400<br>BALTIMORE, MD 21201 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CRO, Director<br>Charles R. Goldstein<br>Penta Advisory Services, LLC<br>Two North Charles Street-Suite 400<br>Baltimore, Maryland 21201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

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|--|---|
| SIGNATURE:  | James C. Holman, Attorney/Authorized Rep. April 28, 2005 410-347-8790 |
| SIGNATURE AND TYPED OR PRINTED NAME  |   |