

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012645

FILED
Sep 15, 2004
Secretary of State

Entity Name: PREMIER URGENT CARE AT SUNTREE, LLC

Current Principal Place of Business:

6300 N. WICKHAM ROAD
SUITE 101
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

444 MARMORA AVENUE
TAMPA, FL 33606

New Mailing Address:

6300 N. WICKHAM ROAD
101
MELBOURNE, FL 32940

FEI Number: 32-0019104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BADOLATO, MILAGROS C
444 MARMORA AVENUE
TAMPA, FL 33606

Name and Address of New Registered Agent:

BADOLATO, MILAGROS C
199 HWY A1A
A205
SATELLITE BEACH, FL 32937

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.

SIGNATURE:

09/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BADOLATO, MILAGROS C
Address: 444 MARMORA AVENUE
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BADOLATO, MILAGROS C
Address: 6300 N WICKHAM ROAD, #101
City-St-Zip: MELBOURNE, FL 32940

Title: MGR () Change (X) Addition
Name: BADOLATO, DONNA J
Address: 6300 N WICKHAM ROAD, #101
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MILAGROS BADOLATO

MGR

09/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date