


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000014125		
1. Entity Name TEQUESTA URGENT CARE LLC		

Principal Place of Business ONE MAIN STREET SUITE 102 TEQUESTA, FL 33469	Mailing Address ONE MAIN STREET SUITE 102 TEQUESTA, FL 33469
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2008 NOV 20 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



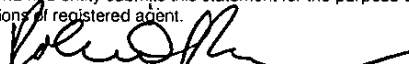
10142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 27-0023913	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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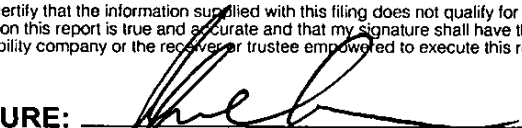
6. Name and Address of Current Registered Agent	
FARRELL, JAMES A ESQ. 250 AUSTRALIAN AVE. SUITE 500 WEST PALM BEACH, FL 33401	

7. Name and Address of New Registered Agent	
Name Robert Rodriguez	
Street Address (P.O. Box Number is Not Acceptable) 15841 Pines Blvd #282	
City Pembroke Pines FL	Zip Code 33027

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 10/20/2008

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIMMER, SYLVIE MD 926 DOLPHIN DRIVE JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASANOVA, RENE MD 750 S FEDERAL HWY DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200138135612 11/20/08--01034--001 **190.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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: 	DATE 10/20/08 DAYTIME PHONE # (954) 461-8181