

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018778

FILED  
Apr 16, 2006  
Secretary of State

**Entity Name:** FLORIDA URGENT CARE CENTERS, LLC

**Current Principal Place of Business:**

800 EAST HALLANDALE BEACH BLVD., STE. 26  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

800 EAST HALLANDALE BEACH BLVD., STE. 26  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARTLEY, TIMOTHY M ESQ.  
500 SE SIXTH STREET, SUITE 102  
FT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FRIEDEWALD, DON E JR.  
Address: 800 EAST HALLANDALE BEACH BLVD., STE. 26  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR ( ) Delete  
Name: STACHEWITSCH, ANDRE  
Address: 800 EAST HALLANDALE BEACH, BLVD. STE 26  
City-St-Zip: HALLANDALE BEACH, FL 33009

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DON E FRIEDEWALD

MGR

04/16/2006

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