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**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

04 JUN 30 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
34008268

DOCUMENT # L03000029319			
1. Entity Name PLANTATION URGENT CARE CENTER, LLC			
Principal Place of Business 901 S. STATE ROAD 7 PLANTATION, FL 33324		Mailing Address 901 S. STATE ROAD 7 PLANTATION, FL 33324	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. PEIN Number 04282004		Chg-LLC CR2E063 (10/03)	
5. Certificate of Status Desired ☐		85.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD 1500 MIAMI CENTER MIAMI, FL 33131		7. Name and Address of New Registered Agent Name THOMAS R. HERRERA Street Address (B.O. Box Number is Not Acceptable) 1250 E. HALLANDALE BLVD City HALLANDALE FL Zip Code 33009	
8. The above named entity certifies that the statements for the purpose of changing its registered office or registered agent, or both, in the State of Florida, are true and correct.			
SIGNATURE <i>Thomas R. Herrera</i> THOMAS R. HERRERA 04/28/04			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
MANAGING MEMBERS/MANAGERS		ADDITIONAL CHANGES	
TITLE ☐ Delete NAME FRANK R. CHAPLOT STREET ADDRESS 1655 NW 100 Avenue CITY-STATE-ZIP Pembroke Pines FL 33024		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
9. I hereby certify that the information supplied in this report is true and correct, and that my signature is as follows: 4/28/04 (984) 797-2900			
SIGNATURE: <i>Frank R. Chaplot</i>			