


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000029320			
1. Entity Name PLANTATION URGENT CARE GROUP, 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	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <i>1704306</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 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: <i>THOMAS R. HERRERA</i> Street Address (P.O. Box Number, if Not Applicable): <i>1750 E. HALLANDALE BCH BLVD #1004</i> City: <i>HALLANDALE</i> FL Zip Code: <i>33009</i>	
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: <i>Thomas R. Herrera</i>		SIGNATURE: <i>THOMAS R. HERRERA</i> DATE: <i>04/29/04</i>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Jean A. Uler</i>		Date: <i>4/29/04</i> Phone: <i>954-797-2900</i>	

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