

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000029320

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** PLANTATION URGENT CARE GROUP, LLC

**Current Principal Place of Business:**

901 S. STATE ROAD 7  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

901 S. STATE ROAD 7  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 06-1704306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERRERA, THOMAS R  
1250 E HALLANDALE BCH BLVD  
#402  
HALLANDALE, FL 33009 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  
Name: CHARLOT, JEAN R  
Address: 901 S STATE RD 7  
City-St-Zip: PLANTATION, FL 33317

I hereby 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: JAEN R. CHARLOT MD

MGR

04/10/2012

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