2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90060 045 ****50.00

DOCUMENT # L03000037346

1. Entity Name
THE PEOPLE'S WALK-IN CLINIC LLC

N/C

Principal Place of Business	Mailing Address
590 N. SEMORAN BOULEVARD SUITE 900 ORLANDO, FL 32807	P.O. BOX 4665 WINTER PARK, FL 32793-4665

2. Principal Place of Business	3. Mailing Address
11570 UNIT 12	P.O BOX 4665
Suite, Apt. #, etc. SOUTH O.B.T	Suite, Apt. #, etc. WINTER PARK FL
City & State ORLANDO FL	City & State 32793-4665
Zip 32837 / Country	Zip / Country

07272004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0308100 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGOSTO, RAMON 590 N. SEMORAN BOULEVARD SUITE 900 ORLANDO, FL 32807	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Ramon Agosto R. Agosto 7-24-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete AGOSTO, RAMON 590 N. SEMORAN BOULEVARD, SUITE 900 ORLANDO, FL 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Delete ESPADA, FRANCES 590 N. SEMORAN BOULEVARD ORLANDO, FL 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: R. Agosto 7-24-04 407-850-0103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #