


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

08-04-2004 90062 004 \*\*\*\*50.00  
L03000037752

<b>DOCUMENT # L03000037752</b> 1. Entity Name <b>FAST-CARE EMERGENCY WALK-IN CENTER ACCIDENT SPECIALISTS, LLC</b>				 <div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">04 OCT 26 AM 11:15</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>8156 SE GOVERNORS WAY HOPE SOUND FL 33455</b>		Mailing Address <b>8156 SE GOVERNORS WAY HOPE SOUND FL 33455</b>			
2. Principal Place of Business <i>701 North Lake River</i> Suite, Apt. #, etc. <i>Suite 101</i>		3. Mailing Address <i>SAME</i> Suite, Apt. #, etc.			
City & State <i>NDB FL</i>		City & State		4. FEI Number <b>81-0635224</b>	
Zip <i>33408</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WYCOKI, MICHAEL JR. 8156 SE GOVERNORS WAY HOPE SOUND FL 33455</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By September 8, 2004</b> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYCOKI, MICHAEL JR. 8156 SE GOVERNORS WAY HOPE SOUND FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>None</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Michael Wycoki MGR</i>			Date <i>7/28/04</i> Daytime Phone # <i>472-486-3092</i>		