

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Sep 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000037752

1. Entity Name

FAST-CARE EMERGENCY WALK-IN CENTER ACCIDENT
SPECIALISTS, LLC



Principal Place of Business

701 NORTH LAKE BLVD
STE. 101
NORTH PALM BEACH FL 33408

Mailing Address

701 NORTH LAKE BLVD
STE. 101
NORTH PALM BEACH FL 33408



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (5/05)

4. FEI Number 81-0635224

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

WYCOKI, MICHAEL JR.
8156 SE GOVERNORS WAY
HOBE SOUND FL 33455

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WYCOKI, MICHAEL JR.
8156 SE GOVERNORS WAY
HOBE SOUND FL 33455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000377621
09/07/05-80001-015 50.00

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☐ 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:

Michael Wycoki Pres 9/27/05