

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000035517

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** BOULEVARD URGENT CARE PLLC

**Current Principal Place of Business:**

1808 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1808 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 20-1104069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MACALUSO, RENEE C MD  
1908 SE CLATTERBRIDGE RD  
OCALA, FL 34471 US

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

MACALUSO, RENEE C MD  
2880 SE 31ST STREET  
OCALA, FL 34471 US

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:

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MACALUSO, RENEE C  
Address: 1808 E. SILVER SPRINGS BLVD.  
City-St-Zip: Ocala, FL 34470

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: RENEE MACALUSO

MGR

01/05/2012

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