

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057651

FILED
Feb 15, 2006
Secretary of State

Entity Name: PREMIER WALK-IN CLINIC & PRIMARY CARE LLC

Current Principal Place of Business:

5408 BURNT HICKORY DRIVE
VALRICO, FL 33594

New Principal Place of Business:

5676 S FLORIDA AVENUE
LAKELAND, FL 33813

Current Mailing Address:

5408 BURNT HICKORY DRIVE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 20-1553372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAR, NARINDER
5408 BURNT HICKORY DR
VALRICO, FL 33594 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: MGRM () Delete
Name: BRAR, NARINDER S
Address: 5408 BURNT HICKORY DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: MGR () Delete
Name: BRAR, AMRIT
Address: 5408 BURNT HICKORY DRIVE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRAR, NARINDER S
Address: 5676 S FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33813 US

Title: MGRM (X) Change () Addition
Name: BRAR, AMRIT
Address: 5676 S FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33813 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: AMRIT BRAR

MGRM

02/15/2006

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