

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057651

FILED  
Jan 17, 2008  
Secretary of State

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

**Current Principal Place of Business:**

5676 S FLORIDA AVENUE  
LAKELAND, FL 33813

**New Principal Place of Business:**

**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:**

BRAR, NARINDER S  
5408 BURNT HICKORY DR  
VALRICO, FL 33596 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:** NARINDER S BRAR

01/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** NARINDER S BRAR

MGRM

01/17/2008

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