

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057651

FILED  
Mar 25, 2009  
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:**

5408 BURNT HICKORY DRIVE  
VALRICO, FL 33596

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

03/25/2009

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