2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# L04000068272

Entity Name: MEDEX URGENT CARE CENTERS, P.L.

Current Principal Place of Business:

6149 WILBUR WAY
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6149 WILBUR WAY
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KORNBERG, JOEL MPJDPA
7301-A WEST PALMETTO PARK ROAD, SUITE 305C
BOCA RATAON, FL 33433 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	BUGGIA, MARY ANNE MD	
Address:	7741 BELMONT DRIVE	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	MGR	( ) Delete
Name:	SORRENTINO, ANTHONY DO	
Address:	7741 BELMONT DRIVE	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	MGR	( ) Delete
Name:	FRIEDMAN, JOEL MD	
Address:	6149 WILBUR WAY	
City-St-Zip:	LAKE WORTH, FL 33467	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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: MARY BUGGIA MGR 04/30/2005

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