2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068272

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

FILED Jul 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6522 SE KANNER HWY STUART, FL 34997

Current Mailing Address: New Mailing Address:

6522 SE KANNER HWY STUART, FL 34997

FEI Number: 16-1711775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

KORNBERG, JOEL MPJDPA
7301-A WEST PALMETTO PARK ROAD, SUITE 305C

POOLA PATAON FILE 20407

BOCA RATAON, FL 33433 US LAKE WORTH, FL 33467 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: MARY ANNE BUGGIA 07/09/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition BUGGIA, MARY ANNE MD BUGGIA, MARY A MD, MBA Name: Name: Address: 7741 BELMONT DRIVE Address: 7741 BELMONT DRIVE City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467

Title: MGR () Delete Title: () Change () Addition

 Name:
 SORRENTINO, ANTHONY DO
 Name:

 Address:
 7741 BELMONT DRIVE
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33467
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 FRIEDMAN, JOEL MD
 Name:

 Address:
 6149 WILBUR WAY
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33467
 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: MARY ANNE BUGGIA MGR 07/09/2007