

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068272

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

6522 SE KANNER HWY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

6522 SE KANNER HWY
STUART, FL 34997

New Mailing Address:

FEI Number: 16-1711775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: DR. MARY BUGGIA MD MBA

MGR

04/30/2008

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