2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

	ANNUAL	REPORT			_	~ • • • • • • • • • • • • • • • • • • •	J	01 ~ 0	
DOCUMENT # L0400072806 1. Entity Name EPN URGENT CARE, LLC						04-24-2006	5 90038 (0.00
Principal Place of Business 1112 GOODLETTE ROAD STE. 204 NAPLES, FL 34102		Mailing Address 1112 GOODLETTE ROAD STE. 204 NAPLES, FL 34102		1 18611811 81				IECI 4 ECT	
2. Principal Place of Business		3. Mailing Address				144			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142006	Chg-LLC	CR2E	983 (11/05)	
City & State		City & State			4. FEI Number Applied For 20-1506780 Not Applicable				
Zip	Country Zip		Country		5. Certificate of Status Desired 55.00 Additional Fee Required				
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	Registered	Agent	
KREMBS, GERHARD 1112 GOODLETTE ROAD STE. 204 NAPLES, FL 34102				ne eet Address (P.O. Box Numb	er is Not Acceptable	e)		
			City				FL	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered offic	ce or register	ed agent, or bo	th, in the State of Hi	orida. I am	familiar with,	and accept
the obligat	dons of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTI	: Registered Agent	signature required	(when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006							te check p a Departm	eayable to	
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS.	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KREMBS, GERHARD MD 1112 GOODLETTE ROAD STE. 2 NAPLES, FL 34102	Delete	TITLE NAME STREET ADDR	1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, JOHN MD 1112 GOODLETTE ROAD STE. 2 NAPLES, FL 34102	□ Delete	TITLE NAME STREET ADDR					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELARIVAHERREA, ALBERTO 1112 GOODLETTE ROAD STE. 2 NAPLES, FL 34102		TITLE NAME STREET ADDR CITY-ST-ZIP	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HINTZ, KIRK 1112 GOODLETTE ROAD STE. 2 NAPLES, FL 34102	□ Delete	TITLE NAME STREET ADDR					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHUTER, ANDREW OO 1112 GOODLETTE ROAD STE. 2 NAPLES, FL 34102	☐ Delete	TITLE NAME STREET ADOR	Arc ESS 1113	7 2009	1050 1104020 1104020	1 -50	☐ Change	Addition
TITLE NAME	MGRM	☐ Delete	TITLE		7			☐ Change	Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 employed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE

MAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #