

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90077 028 \*\*\*\*50.00

**DOCUMENT # L04000072806**

1. Entity Name  
EPN URGENT CARE, LLC



Principal Place of Business  
1112 GOODLETTE ROAD STE. 204  
NAPLES, FL 34102

Mailing Address  
1112 GOODLETTE ROAD STE. 204  
NAPLES, FL 34102

**60045047**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
20-1506780

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KREMBS, GERHARD  
1112 GOODLETTE ROAD STE. 204  
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME KREMBS, GERHARD MD  
STREET ADDRESS 1112 GOODLETTE ROAD STE. 204  
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME LEWIS, JOHN MD  
STREET ADDRESS 1112 GOODLETTE ROAD STE. 204  
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME DELARIVASHERREA, ALBERTO MD  
STREET ADDRESS 1112 GOODLETTE ROAD STE. 204  
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME HINTZ, KIRK  
STREET ADDRESS 1112 GOODLETTE ROAD STE. 204  
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☒ Delete  
NAME SHUTER, ANDREW  
STREET ADDRESS 1112 GOODLETTE ROAD STE. 204  
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME SPONAUGLE, JOHN  
STREET ADDRESS 1112 GOODLETTE ROAD STE. 204  
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

KIRK A. HINTZ

Date

Daytime Phone #

4/27/07 (239) 262-4519