2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072806

Entity Name: EPN URGENT CARE, LLC

FILED May 05, 2011 Secretary of State

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

1112 GOODLETTE ROAD STE. 204 6400 DAVIS BLVD NAPLES, FL 34102 NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

1112 GOODLETTE ROAD STE. 204 6400 DAVIS BLVD NAPLES, FL 34102 NAPLES, FL 34104

FEI Number: 20-1506780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LEWIS, JOHN MD

1112 GOODLETTE ROAD STE. 204

NAPI ES EL 24102

NAPI ES EL 24102

NAPLES, FL 34102 US NAPLES, FL 34104 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: JOHN LEWIS, MD 05/05/2011

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

 Name:
 KREMBS, GERHARD
 MD

 Address:
 6400 DAVIS BLV

 City-St-Zip:
 NAPLES, FL 34104

Title: MGRM

Name: LEWIS, JOHN MD Address: 6400 DAVIS BLVD City-St-Zip: NAPLES, FL 34104

Title: MGRM

Name: DELARIVAHERREA, ALBERTO MD

Address: 6400 DAVIS BLVD City-St-Zip: NAPLES, FL 34104

Title: MGRM

Name: CAMINA, TAMARA MD Address: 6400 DAVIS BLVD City-St-Zip: NAPLES, FL 34104

Title: MGRM

Name: SPONAUGLE, JOHN DO Address: 6400 DAVIS BLVD City-St-Zip: NAPLES, FL 34104

Title: MGRM

 Name:
 AROSEMENA, JOSE MD

 Address:
 6400 DAVIS BLVD

 City-St-Zip:
 NAPLES, FL 34104

I hereby 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 Statues.

SIGNATURE: JOHN LEWIS, MD PRES 05/05/2011