

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072806

Entity Name: EPN URGENT CARE, LLC

FILED
Apr 26, 2012
Secretary of State

Current Principal Place of Business:

6400 DAVIS BLVD
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

6400 DAVIS BLVD
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-1506780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEWIS, JOHN MD
6400 DAVIS BLVD
NAPLES, FL 34104 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: 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: DELARIVAHERRERA, 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 Statutes.

SIGNATURE: JOHN LEWIS

PRES

04/26/2012

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