

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033822

FILED
Mar 13, 2009
Secretary of State

Entity Name: MPM IMMEDIATE CARE CENTERS LLC

Current Principal Place of Business:

2240 BELLEAIR ROAD, 225
CLEARWATER, FL 34624

New Principal Place of Business:

Current Mailing Address:

2240 BELLEAIR ROAD, 225
CLEARWATER, FL 34624

New Mailing Address:

FEI Number: 20-2928709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: D () Delete
Name: BEAUCHAMP, PHILIP
Address: 300 PINELLAS ST
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: JACOBS, STEPHEN DR
Address: 2240 BELLEAIR RD
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: O'NEIL, DAVE
Address: 1240 S FORT HARRISON
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: WATERS, GLENN D
Address: 300 PINELLAS ST
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WINTERS, CHRIS
Address: 300 PINELLAS ST
City-St-Zip: CLEARWATER, FL 33756

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. STEPHEN JACOBS

D

03/13/2009

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