
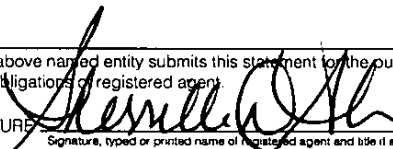
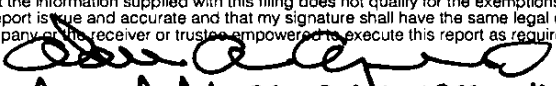


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2006 SEP 1 AM 10 20

DOCUMENT # L05000043340 1. Entity Name AMERICA'S URGENT CARE OF ORLANDO, LLC					
Principal Place of Business 6525 WEST CAMPUS OVAL SUITE 150 NEW ALBANY, OH 43054			Mailing Address 6525 WEST CAMPUS OVAL SUITE 150 NEW ALBANY, OH 43054		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MINCEY, DON 1336 WEST FLETCHER AVE TAMPA, FL 33612			Name Sherrille D. Akin Street Address (P.O. Box Number is Not Acceptable) 600 N. Salisbury Avenue City DeLand, FL Zip Code 32720		
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:  SHERRILLE D. AKIN, REGISTERED AGENT 8-25-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMBULATORY CARE AFFILIATES, LTD <input checked="" type="checkbox"/> Delete 6525 WEST CAMPUS OVAL, SUITE 150 NEW ALBANY, OH 43054		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AMBULATORY CARE AFFILIATES, LTD 6525 WEST CAMPUS OVAL, SUITE 150 NEW ALBANY, OH 43054	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NINO DIJULLO, M.D. 5900 BABBITT RD NEW ALBANY, OH 43054	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAREY KRIZ 2562 HIDDEN COVE ANNAPOLIS, MD 21401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRANZ RITUCCI, M.D. 9397 WICKHAM WAY ORLANDO, FL 32836	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-family: monospace;"> 700079728817 09/12/06--01060--022 **50.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  ALAN A MYERS, CHIEF OPERATING OFFICER			8/29/06 614 496 2228 <small>Date Daytime Phone #</small>		