


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90135 004 ****55.00

DOCUMENT # L05000053657					
1. Entity Name URGENT CARE CENTER OF SOUTHWEST FLORIDA, LLC					
Principal Place of Business 12717 BREWSTER DRIVE FORT MYERS, FL 33908			Mailing Address 12717 BREWSTER DRIVE FORT MYERS, FL 33908		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2923324	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOBBS, LARRY A 12717 BREWSTER DRIVE FORT MYERS, FL 33908			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Thomas B. Johnson, MD 4824 SW 3rd Ave Cape Coral, FL 33914		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Dwight S. Phelps, MD 5410 Harborway Drive Ft Myers, FL 33908		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Walter Simmons, DO 9639 Phosphate Preserve Court Ft Myers, FL 33908		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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Applied For
☐ Not Applicable

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

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7. Name and Address of New Registered Agent

Name

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

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Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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CITY - ST - ZIP

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Cape Coral, FL 33914

☐ Delete

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MGRM
Dwight S. Phelps, MD
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Ft Myers, FL 33908

☐ Delete

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