2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

DOCUMENT# L05000053657

Entity Name: URGENT CARE CENTER OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

12717 BREWSTER DRIVE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

12717 BREWSTER DRIVE
FORT MYERS, FL 33908

New Mailing Address:

10201 ARCOS AVE
ESTERO, FL 33928

FEI Number: 20-2923324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOBBS, LARRY A
12717 BREWSTER DRIVE
FORT MYERS, FL 33908 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: JOHNSON, THOMAS B MD
Address: 6423 COCOS DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM
Name: PHELPS, DWIGHT S MD
Address: 5410 HARBOR DR
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM
Name: SIMMONS, WALTER DO
Address: 9659 PINEAPPLE PRESERVE CT
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM
Name: HOBBS, LARRY A MD
Address: 12717 BREWSTER DRIVE
City-St-Zip: FT. MYERS, FL 33908

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: LARRY HOBBS, MD MGRM 03/30/2010

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