

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000060285

Entity Name: URGENT CARE U.S.A., LLC

FILED
Oct 06, 2007
Secretary of State

Current Principal Place of Business:

11211 LITHIA PINECREST ROAD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 879
LITHIA, FL 33547

New Mailing Address:

FEI Number: 65-1265213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTON, DANIEL M
121 NORTH COLLINS STREET
PLANT CITY, FL 33563 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: SHAFIQ CHAUDHRY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAUDHRY, SHAFIQ
Address: 3207 POLO PLACE
City-St-Zip: PLANT CITY, FL 33566

Title: MGRM () Delete
Name: CHAUDHRY, YAHYA
Address: 3209 POLO PLACE
City-St-Zip: PLANT CITY, FL 33566

Title: MGRM () Delete
Name: ZAKI, EZZAT M.D.
Address: 17503 OSPREY MANOR WAY
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: CHAUDHRY, SHAFIQ
Address: 3207 POLO PLACE
City-St-Zip: PLANT CITY, FL 33566

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

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

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: SHAFIQ CHAUDHRY

MR

10/06/2007

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