

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000060285

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

**FILED**  
**Jan 08, 2010**  
**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: CHAUDHRY, SHAFIQ  
Address: 3207 POLO PLACE  
City-St-Zip: PLANT CITY, FL 33566

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

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 Statutes.

SIGNATURE: YAHYA CHAUDHRY

MGRM

01/08/2010

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