## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062366

**Current Principal Place of Business:** 

Entity Name: AMELIA URGENT CARE, LLC

FILED Apr 30, 2007 Secretary of State

04/30/2007

Date

() Change () Addition

C/O DANIEL J. MATRICIA D.O. 1768 REGATTA DRIVE FERNANDINA BEACH, FL 320345534 **Current Mailing Address: New Mailing Address:** C/O DANIEL J. MATRICIA D.O. 1768 REGATTA DRIVE FERNANDINA BEACH, FL 320345534 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AKEL, EDWARD C MATRICIA, SUE M ONE INDEPENDENT DRIVE, SUITE 2301 1768 REGATTA DR JACKSONVILLE, FL 32202 FERNANDINA BEACH, FL 32034 US 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.

**New Principal Place of Business:** 

## MANAGING MEMBERS/MANAGERS:

SIGNATURE: SUE MATRICIA

MBERS/MANAGERS: ADDITIONS/CHANGES:

 Title:
 MGR ( ) Delete
 Title:

 Name:
 MATRICIA, DANIEL J D.O.
 Name:

 Address:
 1768 REGATTA DRIVE
 Address:

Electronic Signature of Registered Agent

Address: 1/68 REGATTA DRIVE Address:
City-St-Zip: FERNANDINA BEACH, FL 320345534 City-St-Zip:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MATRICIA, SUE M
 Name:

 Address:
 1768 REGATTA DRIVE
 Address:

 City-St-Zip:
 FERNANDINA BEACH, FL 320345534
 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: DANIEL MATRICIA MGR 04/30/2007