


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90056 033 ****55.00

DOCUMENT # L05000089563	
1. Entity Name PRIMARY URGENT CARE, P.L.	

Principal Place of Business 1325 SORRENTO WOODS BLVD. NOKOMIS, FL 34275	Mailing Address 1325 SORRENTO WOODS BLVD. NOKOMIS, FL 34275
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2. Principal Place of Business 1370 Venice Ave. E Suite, Apt. #, etc. 202 City & State Venice, Florida Zip 34285 Country Sarasota	3. Mailing Address 1370 Venice Ave. E Suite, Apt. #, etc. 202 City & State Venice, Florida Zip 34285 Country Sarasota
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04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 203445431	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, KEITH B M.D. 1325 SORRENTO WOODS BLVD. NOKOMIS, FL 34275	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	MGR JOHNSON, KEITH B M.D. 1325 SORRENTO WOODS BLVD. NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **Keith B. Johnson** **941-480-0500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #