

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000089563

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** PRIMARY URGENT CARE, P.L.

**Current Principal Place of Business:**

1370 VENICE AVE E  
STE 202  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

1370 VENICE AVE E  
STE 202  
VENICE, FL 34285

**New Mailing Address:**

**FEI Number:** 20-3445431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, KEITH B M.D.  
1325 SORRENTO WOODS BLVD.  
NOKOMIS, FL 34275 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:** MGR  
**Name:** JOHNSON, KEITH B M.D.  
**Address:** 1325 SORRENTO WOODS BLVD.  
**City-St-Zip:** NOKOMIS, FL 34275

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: KEITH B. JOHNSON

MM

01/09/2012

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