

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-16-2006 90001 010 ****50.00

DOCUMENT # L05000092474

1. Entity Name
FLORIDA URGENT CARE, LLC



Principal Place of Business
**1713 SW HEALTH PARKWAY
SUITE 1
NAPLES, FL 34109**

Mailing Address
**1713 SW HEALTH PARKWAY
SUITE 1
NAPLES, FL 34109**

30011384



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05162006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number **59-3649884**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, DOUGLAS A
1000 NORTH TAMiami TRAIL
SUITE 201
NAPLES, FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MCGANN, ROBERT C
173 SOUTH HEALTH PARKWAY, SUITE 1
NAPLES, FL 34109**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HOBACA, PAUL J
173 SOUTH HEALTH PARKWAY, SUITE 1
NAPLES, FL 34109**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone