

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90189 035 ****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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3649884

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MOEBIUS, LINDA**
Street Address (P.O. Box Number is Not Acceptable)
1713 S.W. HEALTH PARKWAY
SUITE 1
City **NAPLES** FL Zip Code **34109**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-07

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1713 S.W. HEALTH PARKWAY, SUITE 1**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1713 S.W. HEALTH PARKWAY, SUITE 1**
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

3/5/07

234-597-8000