2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Dec 21, 2007
Secretary of State

DOCUMENT# L05000092474

Entity Name: FLORIDA URGENT CARE, LLC

Current Principal Place of Business:

1713 SW HEALTH PARKWAY
SUITE 1
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1713 SW HEALTH PARKWAY
SUITE 1
NAPLES, FL 34109

New Mailing Address:

6987 GREENTREE DR.
NAPLES, FL 34108

FEI Number: 59-3649884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOEBIUS, LINDA
1713 SW HEALTH PKWY
SUITE 1
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MCGANN, ROBERT C MD
6987 GREENTREE DR
NAPLES, FL 34108 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.

SIGNATURE: ROBERT C MCGANN , MD 12/21/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MCGANN, ROBERT C
Address: 1713 SW HEALTH PKWY SUITE 1
City-St-Zip: NAPLES, FL 34109

Title: MGR ( ) Delete
Name: HOBAICA, PAUL J
Address: 1713 SW HEALTH PKWY SUITE 1
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ROBERT C MCGANN MGR 12/21/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date