2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# L05000114006

Entity Name: WAKULLA URGENT CARE & DIAGNOSTIC CENTER PLC

Current Principal Place of Business:

1325 COASTAL HWY
PANACEA, FL 32346

New Principal Place of Business:

2615 CRAWFORDVILLE HWY.
SUITE 103
CRAWFORDVILLE, FL 32327

Current Mailing Address:

PO BOX 70
PANACEA, FL 32346

New Mailing Address:

PO BOX 1000
CRAWFORDVILLE, FL 32327

FEI Number: 20-3850058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KEEN, DAVID
2245 UPLAND WAY
TALLAHASSEE, FL 32311 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 ( ) Delete
Name: KEEN, DAVID
Address: 2245 UPLAND WAY
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES:

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: DAVID KEEN MGR 02/16/2009

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