

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114006

FILED
Feb 11, 2010
Secretary of State

Entity Name: WAKULLA URGENT CARE & DIAGNOSTIC CENTER PLC

Current Principal Place of Business:

2615 CRAWFORDVILLE HWY.
SUITE 103
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

PO BOX 1000
CRAWFORDVILLE, FL 32327

New Mailing Address:

P.O. BOX 1000
CRAWFORDVILLE, FL 32326

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

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: DAVID ANTHONY KEEN

MGR

02/11/2010

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