

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000054993

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** URGENT CARE PROPERTIES, LLC

**Current Principal Place of Business:**

12717 BREWSTER DRIVE  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

12717 BREWSTER DRIVE  
FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 20-4950779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOBBS, LARRY A M.D.  
12717 BREWSTER DRIVE  
FORT MYERS, FL 33908 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:** HOBBS, LARRY A M.D.  
**Address:** 12717 BREWSTER DRIVE  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** MGR  
**Name:** JOHNSON, THOMAS B MD  
**Address:** 6423 COCUS DR  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** MGR  
**Name:** PHELPS, DWIGHT S MD  
**Address:** 5416 HARBORAGE DR  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** MGR  
**Name:** SIMMONS, WALTER D  
**Address:** 9659 PINEAPPLE PRESERVE CT  
**City-St-Zip:** FORT MYERS, FL 33908

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:** LARRY A HOBBS MD

MGR

02/15/2012

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