

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075994

FILED
Jun 15, 2009
Secretary of State

Entity Name: MEDIX URGENT CARE CENTER,LLC.

Current Principal Place of Business:

3644 N. ANDREWS AVENUE
OAKLAND PARK, FL 33334 US

New Principal Place of Business:

3644 N. ANDREWS AVENUE
OAKLAND PARK, FL 33309 US

Current Mailing Address:

3644 N. ANDREWS AVENUE
OAKLAND PARK, FL 33334 US

New Mailing Address:

3644 N. ANDREWS AVENUE
OAKLAND PARK, FL 33309 US

FEI Number: 26-1563670 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FLETCHER, YVETTE
3644 N. ANDREWS AVENUE
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

FLETCHER, YVETTE
3644 N. ANDREWS AVENUE
OAKLAND PARK, FL 33309 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: _____

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLETCHER, YVETTE
Address: 3644 N. ANDREWS AVENUE
City-St-Zip: OAKLAND PARK, FL 33334 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLETCHER, YVETTE
Address: 3644 N. ANDREWS AVENUE
City-St-Zip: OAKLAND PARK, FL 33309 US

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: YVETTE FLETCHER

MGR

06/15/2009

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